AN EXPLORATION OF THE BELIEFS, SEXUAL ATTITUDES AND BEHAVIOUR OF RURAL YOUNG MEN WITH REGARD TO HIV PREVENTION: THE UNHEARD VOICES OF MALE YOUTH IN THE WATERBERG DISTRICT, LIMPOPO

by

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DECLARATION

I declare that AN EXPLORATION OF THE BELIEFS, SEXUAL ATTITUDES AND BEHAVIOUR OF RURAL YOUNG MEN WITH REGARD TO HIV PREVENTION: THE UNHEARD VOICES OF MALE YOUTH IN THE WATERBERG DISTRICT, LIMPOPO is my own work, and that it has not been submitted before as any degree or examination at any other university, and that all the sources that I have used or quoted, have been indicated and acknowledged by complete references.

Yvonne Alice Eskell Klagsbrun

Date:

Signed:

"Youth are a valued possession of the nation. Without them there is no future. Their needs are immense and urgent".

Former president of South Africa, Nelson Mandela

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I dedicate this study to the youth of the Waterberg, “our agents of change”.

Abstract

The aim of this qualitative study was to explore the vulnerability to HIV of rural male youth with regard to their beliefs, sexual attitudes and behaviour. The study took place in the Waterberg, a district of Limpopo in South Africa, and provided insight into and understanding of the youths' attitudes to and intentions regarding HIV prevention and their perceptions of how they were influenced by the Boys2Men programme. The Theory of Reasoned Action and the Social Constructionist Theory provided a framework for the study.

Nine participants between the ages of 19 and 26 were purposefully selected, and data was collected via individual face-to-face and focus group interviews. A number of semi-structured questions were used to guide the study, and data captured from the interviews was analysed by thematic content analysis.

Keywords: **male youth, young men, rural youth, HIV prevention, community HIV programme, Limpopo**

WHO AM I?

By Lucas Monareng, Boys2Men(B2M)

Who am I?
Where do I come from?
Where am I going?
What does it mean to be me?
And what is my role in this world?

I am saying this because I am one of those kids who come from a background
Where the future was stolen by social issues
Such as HIV/AIDS, teenage pregnancy, crime, unemployment, environmental degradation and poverty

Because of my involvement with the youth centre
I can easily overcome all the challenges that affect my future.
It is here where I have learnt about values of skills and how to use skills as a tool to overcome social issues like poverty,
Which I know is one of the major contributing factors to the spread of HIV/AIDS.

Who am I?
Where do I come from?
Where am I going?
What does it mean to be me?
And what is my role in this world?

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CHAPTER 1: INTRODUCTION

1.1 Introduction

Milton Friedman, the noted economist, once said, *"One of the great mistakes is to judge policies and programs by their intentions rather than their results."* (Simons-Morton, McLeroy K & Wendel 2012:368)

Milton Friedman, 1976 Nobel Prize winner in Economics (Wikipedia 2014:1), argues the importance of judging the effectiveness of policies and programmes by their results rather than by what is assumed the programme could bring about. In this way Friedman endorses the importance of research to evaluate and measure the outcomes of a programme or policy such as that which this study aimed at doing. This study explored the beliefs, sexual attitudes and behaviour of male youth in a rural community of Limpopo, South Africa, regarding the prevention of HIV, and how the Boys2Men (B2M) HIV prevention programme influenced them.

Studies indicate that the Human Immunodeficiency (HIV) infection rate is increasing and globally and there are more people living with HIV. More people are living with HIV as access to antiretroviral treatment becomes increasingly available and reduces the number of people dying from AIDS-related causes (World Health Organization [WHO] 2011:19; United Nations Joint Programme on HIV/AIDS [UNAIDS] 2012:9). Socially marginalised groups such as rural communities have been identified as having an increased HIV infection risk in comparison with that of urban communities. This is thought to be the result of socio-economic factors such as poverty, social isolation, poor housing, limited access to adequate education and weak health care services (South African National AIDS Council [SANAC] 2011:14-37). Unemployment and low income not only play a role in social exclusion but also further marginalise rural societies.

According to WHO (2006:11), young people make up the most vulnerable population in terms of HIV and AIDS. Vulnerability to HIV has increased in this population group owing to a number of factors including lack of knowledge about HIV and AIDS; age

of sexual experimentation; risky behaviour; and circumstances of physical and psychosocial development. Young people require information and guidance with respect to their sexuality. According to the United Nations Children's Fund ([UNICEF] 2011:12) and WHO (2006:2,33), responses at a family level often fail to deliver HIV information, and lack of support to youth on these issues compounds their ability to make informed decisions regarding sex and increases their vulnerability to HIV.

Globally 41 per cent of HIV transmission takes place among adolescents and youth between the ages of 15 and 24 years (UNICEF 2011:1 5). In Eastern and Southern Africa HIV infections in youth are as high as 52 per cent. In order to reduce the escalating rates of HIV among youth, an understanding of the manner in which HIV prevention programmes such as the Boys2Men programme can influence youth, especially rural youth, to mitigate their vulnerability to HIV should be undertaken.

This study aimed to explore the beliefs, sexual attitudes and behaviour of rural male youths' vulnerability to HIV. The rural male youth selected for this study were all from rural areas in and around Vaalwater, a rural area in the Waterberg, a district in the Limpopo province of South Africa. A qualitative investigation enabled the researcher to capture their experiences, feelings and intentions regarding HIV prevention. Furthermore, the study explored how HIV prevention programmes like Boys2Men influenced their beliefs, sexual attitudes and behaviour.

1.2 Background of the Study

UNICEF (2011:6) notes that the AIDS pandemic is spread mostly by young people who engage in risky behaviour which makes them vulnerable to HIV. Many of the activities are illegal such as prostitution and the use of illegal substances which result in some of these youth being discriminated against. These youth are, therefore, reluctant to seek health care services to prevent HIV. For instance, the HIV prevalence rate of people who inject drugs globally is 22 per cent higher than that of the general population; drug-related transmission undermines global efforts to reduce HIV infection rates (UNICEF 2011:19). Young people engage in risky behaviour which increases their vulnerability to HIV and increased HIV prevention efforts should be developed to reach them.

UNAIDS (2012:25) reports that HIV prevalence among men who have sex with men has increased. The organisation indicates that prevalence was higher in 2011 than in 2010 and is recorded as being 13 per cent higher than that of the country's general population. In South Africa this sector of the population has a 20 per cent chance of becoming infected by HIV. The need to develop accessible HIV prevention programmes for this group is further noted by UNICEF (2011:6).

In 2012, UNAIDS (2012:11) recorded a global decrease in HIV infection rates among adults including the sub-Saharan region. Africa was, however, still most severely affected and accounted for 71 per cent of adults and children newly infected by HIV in 2011. The highest rates of infection were recorded in South Africa and Nigeria where one in every twenty adults was infected accounting for 69 per cent of people living with HIV globally. Additionally, most young people in sub-Saharan Africa do not know their HIV status resulting in increased HIV transmission. UNICEF indicates that by 2020, HIV rates of children aged ten are expected to climb to 3.3 per cent (2011:7). According to UNICEF (2011:7) transmission can, however, be mitigated by countries conducting efficient and focused scaled-up HIV prevention campaigns such as prevention of mother-to-child transmission and behavioural programmes which target youth and gender. The above figures point to the importance of strengthening prevention efforts among young people especially young men.

UNICEF (2011:10-13) states that sex education in a supportive and age appropriate environment plays a vital role in assisting youth to recognise their HIV risk, particularly with regard to their sexual vulnerability. In the same vein, research suggests that mass HIV and AIDS awareness programmes do little to effect behaviour change as they only provide information and do not impact on beliefs, attitudes and behaviour. Despite 30 years of information sessions and condom distribution, HIV and AIDS remain a problem (UNICEF 2010:15; Harrison, Newell, Imrie and Hoddinott 2010:110-113). It is, therefore, important that HIV programmes be reviewed and custom made. Each programme should be made accessible and promoted to a specific target group as the Boys2Men HIV prevention programme is targeting young males in rural communities. The researcher is of the opinion that HIV

awareness programmes such as this programme that are packaged to ensure relevancy to their targeted communities' realities should impact on the attitudes, beliefs and behaviour to change risky social norms, practices and misconceptions.

1.3 Research Problem

UNICEF (2011:15) states that in 2009, young people aged 15 to 24 years were at the forefront of the epidemic, accounting for 41 per cent of new infections among youth. The Human Sciences Research Council [HSRC] Household Survey (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van Wyk, Mbelle, Van Zyl Parker, Zungu, Pezi & the SABSSM 111 Implementation Team. 2009:33-39) reveal that each year about twice as many male youth start having sex earlier in comparison with females. For example, in South Africa it was found that 13 per cent of 15- to 24-year-old rural males had their first sexual relationship before the age of fifteen.

The findings of the above study indicate more young people in 2008 were starting to engage in sex earlier than they were in 2005. Teenagers and youth who are experiencing sexual début at an early age are at high risk of contracting sexually transmitted infections (STI) which has major implications for HIV. According to WHO, (2011:61-62), substantial evidence demonstrates that the presence of STIs increases the likelihood of both transmitting and acquiring HIV among the youth.

These findings highlight the importance of exploring innovative ways to reduce new HIV infections among youth (WHO 2011:61-62; Shisana *et al* 2009:33-39). Male youth are the most *at risk population* to HIV and AIDS. The impact and the presence of HIV are profoundly felt by the youth, especially males who, owing to their risk-seeking nature, are central to HIV infection. Peacock, Redpath, Weston, Evans, Daub, and Greig (2008:10-11), state that men's use of antiretroviral treatment (ART) is lower than expected and reflects that men do not readily access health services. A further contributing factor may well be that clinics are not well equipped to deal with male youth and men. The above discussion is especially relevant to rural youth because of the lack of health facilities and services in rural and *hard-to-reach* areas and limited access to HIV information, both of which increase the vulnerability of rural male youth to HIV (SANAC 2011:51).

Burman and Mamabolo (Burman 2011:24-26), two social scientists from the University of Limpopo, explored the impact of a rural HIV prevention programme, Boys2Men, targeting male youth in Limpopo. Of particular interest is the fact that most of the youth in their study had participated in voluntary HIV Counselling and Testing (HCT). Burman and Mamabolo (Burman 2011:20) were keen to explore whether the youth were influenced by the Boys2Men programme to undergo HCT. As this was beyond the scope of their study, recommendations for further study in this area were made. In view of the above, the researcher explored the participants' attitudes to HCT as part of this study to understand their behaviour towards HIV prevention.

The above discussion demonstrates the importance of exploring youth friendly HIV awareness and prevention programmes such as Boys2Men (Waterberg Welfare Society 2014:1). This programme speaks directly to rural male youth with the purpose of influencing their beliefs, behaviour and attitudes regarding HIV prevention.

Simons-Morton, McLeroy and Wendel (2012:28-29) argue that behaviour change can only be successful when the recipients of the messages have a thorough understanding and knowledge of the social and structural factors that increase people's vulnerability to HIV, and how these factors impact on their attitude, culture, beliefs and behaviour, especially in rural settings with traditional value systems

1.4 Rationale of the Study

The researcher's focus was to explore the beliefs, sexual attitudes and behaviour of rural male youth who participated in the Boys2Men programme. This interest resulted from learning that many HIV-interventions had not been successful in influencing the attitudes of youth, with regard to their sexual beliefs and behaviour and having had first-hand experience of the Boys2Men programme while working as a volunteer for the Waterberg Welfare Society, the organisation that runs the programme. Eliminating risky sexual behaviour in youth is essential in order to lower their vulnerability to HIV (UNICEF 2010:15; Noar, Palmgreen, Chabot, Dobransky &

Zimmerman 2009:15-42). The researcher further believed it was crucial to engage young people in youth friendly programmes that influence, encourage and promote healthy and responsible sexual behaviour. Chapter 2, points 2.4.7, 2.4.8 and 2.4.9 provide information on the Boys2Men programme.

There have also been ongoing calls in the literature to evaluate the effects of HIV and AIDS prevention programmes on beliefs, sexual attitudes and behaviour of their target groups (DiClemente, Crittenden, Rose, Sales, Wingood, Crosby & Salazar 2008:598-605; Jemmott & Jemmott 2000:103-127; Padayachee 1991:310-311; Van Wyk, Strebel, Peltzer & Skinner 2006:3-6). Although progress has been made in curbing the transmission of HIV, more research is required to establish how to influence the youths' intentions to conduct safer sexual behaviour as this will impact on reduced HIV rates.

The researcher believed that the beliefs, sexual attitudes and behaviour of rural male youth should be explored to provide evidence of factors that influence their behavioural intentions.

1.5 Purpose Statement

The purpose of this study was to explore the beliefs, sexual attitudes and behaviour of rural male youths' vulnerability to HIV. Furthermore, to gain insight into and understanding of how the Boys2Men programme had influenced these attitudes, beliefs and behaviour regarding HIV prevention.

1.5.1 Objectives of the study

The objectives of this study were to:

- Explore the beliefs, sexual attitudes and behaviour of rural male youth regarding HIV prevention
- Explore how the Boys2Men HIV programme had influenced their beliefs, sexual attitudes and behaviour regarding HIV prevention

- Explore how the Boys2Men programme could be enhanced and modified to possibly change the beliefs, attitudes and behaviour of these males regarding HIV prevention

1.5.2 Research questions

This study was informed by the following research questions:

- What are the beliefs, attitudes and behaviour of rural male youth regarding HIV prevention?
- How has participation in the Boys2Men programme influenced their beliefs, sexual attitudes and behaviour patterns regarding HIV prevention?
- How can the Boys2Men programme be enhanced to possibly change the beliefs, attitudes and behaviour of the male youth regarding HIV prevention?

1.6 Operational Definition of Terms

1.6.1 Youth

The researcher defined “youth” as men and women aged between 18 and 26 years of age.

1.6.2 Rural

The term “rural” is defined in this study to mean a remote area in Africa, one which is characterised by poverty, unemployment and migration of young people to the cities (McNamara 1975:iv). The majority of people living in rural areas work in agriculture and live from hand to mouth; sustainable livelihoods consist mainly of subsistence farming and the occasional seasonal work on neighbouring farms (Singh 1986:18).

1.6.3 Rural male youth

For the purpose of this study the researcher defined “rural male youth” as young men aged between 18 and 26 years living in outlying and hard-to-reach areas. Most rural households are poor; communities are affected by high rates of unemployment and illiteracy. Poor schooling and limited access to health and social services contribute to high rates of HIV and AIDS in these areas. Rural youth live in relative isolation in comparison with their urban counterparts.

1.6.4 Vulnerable

In this study the researcher defined “vulnerable” as poor, unemployed, rural youth, mostly with low levels of education. In addition, these youth are prone to unhealthy lifestyles and risky behaviour which lead to unprotected sex and may result in STIs and HIV.

1.6.5 HIV prevention programmes

HIV prevention programmes are interventions that provide information and educate people and communities on several levels concerning those factors that make them vulnerable to HIV infection. In the current study, the researcher highlighted HIV programmes launched by national government, non-government organisations, schools and community-based organisations.

1.7 Research Process

A qualitative study approach was the most appropriate design for this study as it allowed for in-depth analysis of social issues from a personal point of view (De Vos, Strydom, Fouche & Delport 2004:297-300; Terre Blanche, Durrheim & Painter 2006:48). This research method enabled the researcher to explore the beliefs, sexual attitudes and behaviour of rural male youth that had taken part in an HIV programme called Boys2Men, and their vulnerability to HIV. Through narratives acquired as a result of individual face-to-face and focus group interviews, the participants’ beliefs, sexual attitudes and behaviour, and the manner in which the Boys2Men programme had influenced them regarding HIV prevention were explored.

A follow-up focus group discussion was held to gather additional information from the informants and to validate data from the individual face-to-face interviews; it also served as a debriefing session. Field notes were used for personal observations of the key informants during these interviews and to take notes of the interview site. Purposeful sampling maximised data collection from the key informants as the informants were selected based on their participation in and knowledge of the Boys2Men programme.

A semi-structured interview guide guided these interviews based on the purpose and objectives of the study. In this way the researcher remained focused on the central issues under investigation. It also allowed for further enquiry and to probe more deeply into the discussions to explore issues raised by the participants. A more in-depth discussion of the interview process will be dealt with in Chapter 3.

1.8 Limitations of the Research

This study had some limitations. First, the qualitative nature of the study limited the possibility of generalising the research results as applicable to all other HIV prevention programmes. Second, the study could only provide insights into and understanding of the beliefs, sexual attitudes and behaviour of the nine rural male youths between the ages of 19 and 26 years who participated in the Boys2Men programme. Furthermore, lessons learnt from this study could only be relevant to the Boys2Men programme in Vaalwater.

Finally, the researcher had a limited budget for the research and travel between Gauteng and Limpopo proved to be costly. The data collection site was 250 kilometres away and overnight accommodation had to be arranged which increased the cost of the data collection process. The distance of the site and accommodation costs impacted on the time allocated to the research too. In order to address this, the researcher departed from Pretoria in the early hours of the morning to begin the interviews at eight o'clock sharp. The interviews ran from eight until five each day in order to take full advantage of the time allocated.

1.9 Conclusion

This chapter provided the introduction to this study. The background to the research topic including the purpose, objectives and the research questions of the study were outlined.

An overview of HIV and AIDS on a global scale and in South Africa was presented highlighting the importance of more research in the area of beliefs, sexual attitudes

and behaviour of rural youth regarding HIV prevention. The need to target rural male youth in HIV prevention strategies specifically focused on their needs was discussed. The following chapter presents a discussion on the literature reviewed for this study.

Structure of the chapters

The dissertation is divided into five chapters as outlined below:

Chapter 2: Literature Review

This chapter presents a discussion of the literature reviewed and an overview of the theoretical framework that guided the study based on a literature review and theoretical explanations.

Chapter 3: Research Methodology

This chapter outlines the research method, design, procedure and data analysis, and provides details of the participants in the research study. Ethical issues with respect to the permission granted for the study, informed consent, confidentiality, and anonymity are also discussed.

Chapter 4: Findings

This chapter reports on the research findings of the individual face-to-face and follow-up interviews that took place with the key informants. It also includes the data analysis and discussions on the findings.

Chapter 5: Conclusion

This chapter provides a summary on the findings and results obtained through the research. A discussion on the effectiveness of the Boys2Men programme and recommendations on how it could be made more effective are also included.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the literature and theories relating to the beliefs, attitudes and behaviour of youth in the context of HIV and AIDS in South Africa, with a focus on rural male youth. HIV prevention programmes targeting male youth in South Africa are also presented with special emphasis on the Boys2Men programme. The study is guided by two theories, the Theory of Reasoned Action and the Social Constructionist Theory.

2.2 Epidemic Roots

UNAIDS (2011a: 2) states that 34 million people are living with HIV globally and 22.9 million live in sub-Saharan Africa. Southern Africa has the highest HIV prevalence of all countries in the region. The estimate of 34 million people living with HIV globally is a conservative figure as it is argued that many people living with HIV could be unaware of their positive status. HIV continues to spread in most developing countries in Southern Africa with South Africa facing the highest rate of HIV infections in the world (WHO 2011:32; Sonke Gender Justice 2009:46). The importance of mobilising communities to uptake HIV testing is stressed by UNAIDS (2010:106) owing to factors such as the following: those who know their HIV status could be motivated to remain negative and contribute to reducing the burden on health systems; people living with HIV could access antiretroviral treatment mitigating the long-term impact of HIV and contribute to a reduction in new infections. According to UNAIDS (2011:44), reduced rates of new infections could avert an additional 10 million deaths by 2025. HIV and AIDS are understood to be not just a health issue; they permeate every aspect of life, countries, communities, individuals and the socio-economic impacts are felt by all sectors of society.

Developing countries including South Africa have the highest prevalence of HIV. HIV-positive pregnant women are of particular concern as are women in the age group of 20 to 24 years. Empirical studies have recorded successes in South Africa

in mitigating the impact of HIV and AIDS (UNAIDS 2011a:6; UNAIDS 2012:20). These include mother-to-child transmission, HIV counselling and testing and the provision of HIV treatment, care and support to people living with HIV. The Democratic Alliance health spokesperson, Denise Robinson, stated in the Sunday Times (2010:14), that South Africa faces the highest prevalence of HIV in the world. UNAIDS (2012:44) confirms that in 2010 almost 17 per cent of all people living in South Africa were HIV-positive. UNAIDS (2012:12) maintains that the number of people dying from AIDS-related causes has declined since 2000, in sub-Saharan Africa, and owing to increased antiretroviral therapy people living with HIV are now living longer. According to their studies, South Africa continues to carry 21 per cent of the burden of new HIV infections among children globally (UNAIDS 2011b:18).

Table 1
Young people aged 15 to 24 years living with HIV 2009

Region	**Estimate**	**Female** Low estimate – high estimate	**Male** Low estimate – high estimate
Eastern & Southern Africa	**1 900 000**	**[1 700 000 - 2 300 000]**	**[670 000 – 930 000]**
West and Central Africa	800 000	[640 000 - 1 100 000]	[260 000 - 450 000]
Middle East and North Africa	62 000	[48 800 – 84 000]	[26 000 – 41 000]
World	**3 200 000**	**2 900 000 – 3 900 000**	**1 400 000 – 1 900 000**

Source: UNAIDS 2010

The above table confirms Southern Africa to have the highest HIV rates in the world among youth. Turning our lens to Southern Africa with an understanding of both its socio- and economic challenges, endorses the importance of the need to increase HIV prevention awareness campaigns that impact on behaviour. Large numbers of youth living with HIV has important implications for governments and political and societal will is needed to bring about change.

Table 2

2011 South African population estimates by age and gender

Age Group	Male	Female	Total
0-4	2 667 323	2 625 189	**5 292 512**
5-9	2 555 869	2 535 365	**5 091 234**
10-14	2 538 461	2 532 534	**5 070 996**
15-19	2 588 237	2 580 560	**5 168 797**
20-24	2 539 655	2 494 877	**5 034 532**
25-29	2 406 940	2 358 721	**4 765 661**
30-34	2 225 873	2 173 660	**4 399 533**
35-39	1 959 983	1 953 309	**3 913 292**
40-44	1 594 783	1 729 359	**3 324 142**
45-49	1 230 261	1 382 261	**2 612 522**
50-54	1 065 660	1 244 307	**2 309 967**
55-59	849 110	1 002 783	**1 851 893**
60-64	627 613	781 877	**1 409 490**
65-69	423 909	705 392	**1 129 301**

70-74	278 244	500 014	**778 259**
75-79	164 440	318 323	**482 762**
80+	106 908	240191	**347 098**
Total	**25 823 270**	**27 158 721**	**52 981 991**

Source: Stats SA (2011:15)

South Africa has an increasing young population. Of the 52.9 million people living in South Africa 25.7 million are under the age of 24 years. South Africa has the highest recorded HIV rates in the world; this highlights the role of government in increasing HIV youth interventions to equip them with HIV knowledge and life skills that influence sexual behaviour. Significant changes in HIV transmission require youth to be informed about HIV and the social change that is taking place.

2.3 Beliefs, Sexual Attitudes and Behaviour of Youth in the Context of HIV and AIDS

Dr Rachel Baggaley, coordinator of HIV innovative prevention, WHO, commented on the high rates of HIV among South African youth (Pretoria News 2013:3), particularly those in KwaZulu-Natal. Transmission rates among adolescents were in the range of 20 to 30 per cent and many youth did not know their HIV status.

Further investigation indicates that Limpopo's HIV prevalence rate increased in 2008 (UNDP 2010:7), and according to the 2011 sentinel HIV and Syphilis survey, HIV prevalence had again increased compared with the 2010 survey results. These statistics point to the necessity of increasing HIV preventative measures in Limpopo where this study took place.

Sexual début has been recorded as early as 15 years of age. It is, therefore, necessary to address sexual behaviour before this age (UNICEF 2011:15; Shisana *et al* 2009:4). South Africa's HIV prevalence among youth aged 15 to 24 years is

among the world's highest (UNICEF 2011:20-23). Young people account for up to 40 per cent of all new HIV infections (UNAIDS 2012:11), and every day more than 2 400 young people become infected globally.

Youth remain the most vulnerable in terms of HIV infection through their very actions and by way of their risk-seeking nature. Factors that increase young people's vulnerability include poor knowledge of HIV, sexuality, and cultural and gender norms. In order to address their vulnerability, the youth must be provided with knowledge and skills that will influence their beliefs, attitudes and behaviour, help to mitigate HIV and be at the forefront of all HIV interventions. Aral and Douglas (2007:40) contradict the above and argue that adequate knowledge of HIV and AIDS does not necessarily lead to HIV prevention. This study explored the Boys2Men programme with the view that new information would encourage healthy behaviour in rural male youth. Gender plays a central role in HIV and cultural and traditional norms need to be challenged to address beliefs and attitudes which entrench inequalities in relationships. It is, therefore, argued that interventions be multi-focused and provide information to influence local cultural beliefs as well as sexual behaviour.

UNICEF (2011:9-11) conducted a study in sub-Saharan Africa among adolescents aged between 13 and 14 years of age and found that their HIV and AIDS knowledge levels were very low. The consequences of youth being uninformed of their risk to HIV further increases their vulnerability. Adolescents on the brink of sexuality must be provided with information and knowledge to protect them against HIV. The South African Department of Health reported that teenage pregnancy in 2011 rose to 94 000. This finding is supported by the United Nations Population Fund that births to teenage girls worldwide are expected to double over the next 17 years (The Times 2014:1). These statistics not only demonstrate lack of sexual protection and exposure to the risk of contracting HIV, but also the urgent need to instil a sense of sexual responsibility in the youth.

Rural and hard-to-reach-areas are highlighted as key priority areas under the South African National Strategic Plan [NSP] owing to increased HIV prevalence in rural areas (SANAC 2011:35). One of South Africa's biggest challenges is to provide

accessible health services to hard-to-reach and poor rural communities that are vulnerable to ill-health and risky survival tactics. The NSP acknowledges the importance of strengthening community health systems and expanding services by working within a network of organisations to deliver a comprehensive response to HIV (SANAC 2011:38, 52).

UNICEF (2011:10) states that abstinence programmes targeted at very young adolescents are not effective in preventing STIs and HIV. However, when abstinence programmes are developed in combination with HIV interventions including risk reduction behaviour they tend to be more effective. De Gaston, Jensen and Weed (1995:465-479) and Joffee (1996:169-190) concede that HIV programmes should take into account the sexual orientation and social context of individual young people in order to effectively influence their sexual behaviour. Discourse on HIV increasingly underpins early adolescence as an opportune time to educate children on HIV prevention as cultural norms and gender roles in terms of attitudes around sexual behaviour have not yet been entrenched. Reaching children and young adolescents with age appropriate HIV awareness programmes can set a protective environment in terms of HIV prevention to influence healthy sexual behaviour.

The UNAIDS World AIDS Day Report (2012:29) declares HIV prevalence among youth aged 15 to 24 years of age has dropped by 27 per cent globally. Positive strides in HIV prevention and treatment are reported but HIV continues to affect and infect populations especially the youth. UNICEF (2011:13) holds that youth behaviour are influenced by their families, social values and peers and programmes need to take this into account. WHO concurs with the above in terms of HIV risk reduction interventions, noting with concern that the provision of information to the youth without paying attention to their social context, values and norms is insufficient to reduce their vulnerabilities (Pretoria News 2013:3). It is of further concern to WHO (Pretoria News 2013:3) that a mere 10 per cent of the youth are aware of their HIV status and HIV testing and counselling are reported to be low among them. The youth have been identified as the most vulnerable group with regard to HIV and in light of the above they should be central to all HIV interventions.

Reasons for rural male youth being unprepared for adult life could be due to factors which include South Africa's long history of dispersed family life. Determinates such as poverty; lack of adequate health services; unemployment; domestic violence; and cultural and structural contexts create complex motivations for higher risk sex (Plummer & Wight 2011:8). Other factors include lack of knowledge about HIV and AIDS; lack of education and life skills; early sexual début; sexual coercion; violence; exploitation; and growing up without parents or other forms of protection (WHO 2006:2-10; Hurd, Varner & Rowley 2013:1583-1595).

In the early1990s black men from poor communities were forced into migrant labour in order to support their families financially (Seekings 1996:103-4). The breakdown of social and structural family life has contributed to black youth being isolated from a caring environment, without adult supervision and leadership to guide them during adolescence and emerging adulthood. It is argued that the impact of HIV is more evident in poor rural areas and communities owing to the above circumstances (Barnett & Whiteside 2006:27).

South Africa has followed global trends by formulating a National Youth Policy to protect and harness youth development. The National Youth Policy ([NYP] 2008-2013; NYP 2008:7-14) responds to the needs of young South Africans in the 21st century and sets a framework for youth development which refers to young people as "active and productive citizens". The NYP states that young people should be considered as *agents of change*, not just as passive recipients of government services. The researcher is of the opinion, that in order for young people to become *agents of change,* critical interventions such as HIV-programmes that focus on social and structural determining factors are necessary to provide them with the tools to protect themselves against HIV.

2.3.1 Rural youth and HIV

Young men in rural areas face a multitude of constraints with regard to both accessibility and availability of services and facilities. This results in less information and fewer opportunities for rural youth than for the youth in urban areas. Deputy Minister Surty of the South African Department of Basic Education (2011:1-3) acknowledges that rural youth are compromised with regard to health services,

quality education and work opportunities. The NYP (2008:12) identifies rural youth and acknowledges the need for specialised services targeted to their needs. The development of effective HIV prevention interventions such as the Boys2Men programme should be a top social, health and policy priority for the protection of vulnerable youth. The South African government has turned its social lens to youth and their growing numbers (South Africa Statistics 2012:15; NYP 2008:7-14; South Africa.info 2014:1), and acknowledges their vulnerabilities to HIV and AIDS. However, in spite of the increased attention to high levels of HIV transmission among youth, little consensus has been reached on how best to reach young people.

Furthermore, there is concern over young rural-urban migrants. The fact that Gauteng Province has the highest youth population (22.7 per cent) as compared with Eastern Cape (12.6 per cent) and Limpopo (10.4 per cent), demonstrates the tendency of youth to migrate from poor rural areas to the wealthier urban provinces (Statistics SA 2007 62-67). Nzewi (2009:11) reveals that youth working in industries such as trucking, mining and the military exposes them to risky social behaviour. Migrant youth are socially displaced from their community networks leaving them exposed to risky behaviour which render them more vulnerable to HIV.

Despite the fact that rural male youth are vulnerable in terms of HIV infection (SANAC 2011:35) and HIV is defined as a major health and development issue worldwide, there is a paucity of literature on HIV programmes targeting male youth and men. Sayagues in Nzewi (2009:2) states that the majority of HIV interventions over the past 20 years have focused on women and girls. He further argues the need for a greater understanding of the vulnerability of men and HIV and AIDS as they interact with women and girls as *partners, husbands and fathers.* Additionally, the gap with regard to research on HIV programmes and their effectiveness on rural youth is noted. Bremridge (2000:6) citing MacLeod (1999) and Strebel (1995) is of the opinion that limited research has been conducted on heterosexual men and their sexual behaviour. Similarly, Nzewi (2009:5) concedes inequality of HIV and AIDS data on men leads to unintentional gender streaming bias in HIV prevention programmes which exclude men.

HIV programmes have been evaluated in terms of their effectiveness in general but studies that focus on male youth living in rural areas and their vulnerability to HIV are lacking. WHO (2006:85) indicates that youth in developing countries are effectively reached through HIV prevention programmes but with limited available data it is difficult to concur with this statement. The majority of HIV programme research has been undertaken by international institutions such as UNAIDS (2012:11) and WHO (2011:139-165), but there is little scientific or academic evidence indicating that these studies have focused on HIV programmes specifically targeting marginalised rural youth. And for this reason, it is difficult to ascertain what works and what does not work with regard to HIV prevention programmes targeting this sector.

2.3.2 Sexual behaviour and rural youth

UNAIDS (2010:8) reports a reduction in young people's sexual risk behaviour; however, there are still many parts of rural Africa where HIV prevalence has not declined (NSP:37). Head of News and Current Affairs Pretoria News, Yusuf Abramjee (2012:13), notes with concern that HIV and AIDS stigmatisation has not reduced in South African rural areas and instances of discrimination and abuse continue to be reported. Rural communities are priority areas of the NSP; addressing the structural and social drivers of the epidemic is acknowledged as key to responding to increasing HIV infection rates. The South African National HIV Survey (2008:68) contradicts this view and is encouraged by reduction levels of stigma and discrimination associated with HIV and AIDS. This same study notes the decline in knowledge relating to the risks of multiple partnerships and major gaps in levels of HIV risk.

Evidence of unsafe sexual practices and traditional beliefs that play a role in increasing HIV in Africa are intensifying (Plummer & Wight 2011:7-12). South Africa's patriarchal society endorses gender inequalities and consequently women are expected to be sexually inexperienced which prevents them from acquiring information about sex. Male dominance further reduces women's ability to negotiate safer sex, and behaviour such as abuse and sexual violence increase their vulnerability to HIV (Gupta 2000:3). Access to condoms and specific cultural and structural contexts entrench women's sexual passivity, combined with women's economic dependence on men that adds to their HIV vulnerability.

Rural and outlying areas marginalise communities and limit access to health and basic services. Not only are condoms difficult to access but HIV testing and treatment are often unavailable. Rural communities are vulnerable and marginalised by the very nature of their location. Low literacy levels hamper HIV prevention campaigns reaching and impacting on rural target audiences. The above factors contribute to the high prevalence of HIV in informal and rural areas (SANAC 2011:10). Strengthening of health systems to provide increased HIV knowledge and access to health programmes is required. The South Africa Country Progress Report on the Declaration of Commitment on HIV/AIDS ([SACPR] 2010:23) affirms rural communities as most-at-risk to HIV, and acknowledges that HIV prevention programmes do not address their specific needs. Furthermore, it is stated that up-to-date HIV data on rural communities is unavailable. It can be argued that rural communities are further marginalised as they have been identified as communities requiring HIV-preventative measures but political agency to reach them is lacking.

Contributing factors leading to increased levels of HIV prevalence include concurrent or overlapping sexual partners, sex without the protection of condoms, high rates of partner exchange and sexual mixing of partners within a community (UNAIDS 2011:55). These behaviours are largely the result of socially acceptable male behaviour. HIV strategies are inherently flawed and limit interventions that focus on men's behaviour marginalising men as potential targets for intervention strategies. Although HIV discourse usually perceives men as the primary contributors to HIV owing to their sexually risky and promiscuous behaviour, most HIV interventions focus on women because of their greater vulnerability and biological susceptibility to transmission (Nzewi (2009:1). It is argued that this scenario leads to gender bias in HIV prevention programmes and marginalises men even further. Strategies should increase efforts to bring more men into the ambit of prevention efforts creating an inclusive environment to impact on safer sexual behaviour.

2.3.3 HIV and gender

The gendering of boys to reinforce their masculinity, and cultural practices which condition women to be submissive, increase the risk of HIV infection. Men's disproportionate power over women plays a critical role in the spread of HIV by

subordinating women and rendering them powerless in negotiating safer sex practices. The Africa Institute of South Africa (AISA 2011:89-91) examined male dominance at the University of Zimbabwe. Male students lured inexperienced female students to their rooms for the sole purpose of having sex. Their sexual behaviour was to assert their masculinity and control to *regulate female behaviour*. Although ideas and attitudes about sexual behaviour may be changing, male sexual aggression continues to be mirrored in broader society.

Sexual and domestic violence further contributes to HIV infection (Mosikili & Forster-Towne 2011: 33-34). Nattrass (quoted in Mosikili, & Forster-Towne 2011:32-33) claims perpetuated traditional beliefs that sexual intercourse is an act of procreation result in resistance to condom use. Sexual risk taking is not exclusive to traditional societies and is reported to be high among modern youth. Masvawure (2011:92) reports that of the 83 per cent sexually active Zimbabwean students, fewer than one-third claimed to have used condoms during their last sexual encounter. The above argument endorses that both culture and youth play important roles in sexual attitudes which result in risky sexual behaviour. It is clear that more research is needed to understand the beliefs, sexual attitudes and behaviour of how and why young men engage in risky sexual behaviour.

Various views with regard to factors which influence young peoples' risky sexual behaviour are held (Moodley 2010:19-21; Machimana 2012:19-22; Makhubu 2013:4). The role of alcohol and drugs has been associated with impaired decision making and behaviour such as multiple sexual partners, especially among male youth (Peltzer & Ramlagan 2009:1-12; Makhubu 2013:4). Many youth report a loss of inhibitions after drinking which often leads to unprotected sex with strangers. These studies call attention to the role alcohol plays in risky sexual behaviour which may result in HIV transmission. Youth also reveal that the attraction of money and/or other benefits outweighs their intentions to engage in safe sexual intercourse. Moodley (2010:21) builds on the above discussion and stresses the influence of alcohol and drugs on young people's risky sexual behaviour.

Preventative programmes focusing on women have not taken into account the disproportionate control of men in heterosexual relationships. Males are often

excluded from HIV and AIDS interventions and their beliefs, sexual attitudes and behaviour are not dealt with adequately (Nzewi 2009:7-8). This argument is particularly relevant to rural male youth who are isolated and influenced by traditional patriarchal social norms. It becomes evident that the correlation between gender inequality and cultural practices further endorses the demand to target young rural men in HIV and AIDS prevention. Strategies should be developed that are meaningful to them and challenge their social norms to influence intent to change sexual behaviour.

2.4 HIV Prevention Interventions and Programmes

National awareness and HIV prevention programmes such as Beyond Awareness Campaign (BAC), loveLife, Brothers for Life, and Soul Buddyz have been developed to specifically target youth. Youth are targeted as they are the most vulnerable to HIV in terms of their age and unsafe sexual practices. Their youth leads them to experience and explore diverse lifestyles (UNAIDS 2010:68). However, studies indicate that HIV is continuing to spread particularly in the rural areas of South Africa and among the youth, especially rural male youth (Peltzer, Ramlagan, Chirinda, Mlambo & Mchunu 2012:23; UNICEF 2011:18).

Hope (2007) argues that the unstable nature of young people's relationships, early sexual début, sexual coercion, lack of structural parenting, as well as lack of skills to negotiate safer sex and other forms of protection, expose them to HIV risks (Population Reference Bureau [PRB] 2007:72; WHO 2006:2). It has been reported by government institutions and in the media that parents and teachers are uncomfortable about discussing sex and, therefore, young people do not have the necessary information to protect against HIV (SANAC 2011:21,38; Sunday Times 2012:6). Youth is the transitional stage between adolescence and adulthood and behavioural patterns are being developed. Lifestyle decisions can be made which may have long-term consequences on their health and future. DiClemente, Crittenden, Rose, Sales, Wingood, Crosby and Salazar (2008: 598-605) argue that the likelihood of changed behaviour will protect youth against the risk of HIV and other STIs.

2.4.1 HIV programmes and gender

Many HIV prevention programmes focus on women as the target population. This may be due to the fact that of the two thirds of all young people living with HIV in sub-Saharan Africa, 76 per cent are female (WHO 2006:16). However, it is significant to note that male HIV prevalence levels exceed those of female prevalence levels after the age of 35 to 39 years. This could be due to declined male sexual début at 15 years from 13.1 per cent in 2002 to 11.3 per cent in 2008, whereas no significant change has been reported among females at this age (South African National HIV Survey 2008: xviii; Peacock *et al* 2008:10-11).

Social constructions of masculinities have negative implications on women's health. Power-imbalanced relationships decrease the ability of women to negotiate safe equitable sexual behaviour. The active involvement of men in HIV programmes, which also dispels gender stereotyping, will improve safer sexual behaviour making men more compliant to condom use (Peacock *et al* 2008:1-3). Peacock *et al* (2008: 6) further point out that policy and programmes that promote gender equality and encourage women to take increased and more dominant roles in society can leave men vulnerable and with feelings of powerlessness. This is especially the case in traditional societies where men are accustomed to being the aggressor and as a sign of manhood to having multiple sexual partners (Nzewi 2009:9).

Nzewi (2009:17) highlights behavioural change interventions in sub-Saharan Africa and the inclination to favour women. Prevention strategies to target men and place them at the centre of HIV programmes are lacking. Women's vulnerability to HIV cannot be tackled without the male counterpart being included in prevention programmes. Discourse on HIV infection has acknowledged the critical factors to address in prevention interventions and these include physiological, cultural, social, and economic factors. Plummer and Wight (2011:9-19) highlight survival methods used by poor people which often result in transactional sex. Practices such as these involve multiple partner sex and have implications for increased vulnerability to HIV. Other practices include the myth among men in some African societies that sexual intercourse with a virgin cures HIV. Adultery among husbands and cultural traditions where women feign ignorance on sexual matters in order that they be seen to be

sexually inexperienced all contribute to men's and women's vulnerability to HIV infection.

In terms of the above, the researcher believes that it is crucial that men be brought into the mainstream of HIV and AIDS policies and programmes to challenge their social constructions and address their psycho-social and socio-economic vulnerabilities. Gender equality and social change will also encourage men to become important partners in the decrease of HIV. This is particularly relevant to men and male youth in South Africa where the highest rates of HIV are recorded.

2.4.2 Multimedia youth HIV interventions

A community-based study undertaken by Peltzer *et al* (2012:23) reveals that mass multi-media national youth HIV interventions have limited effect on behaviour change. The HSRC survey (Shisana *et al* 2009:76) indicates that national HIV awareness youth programmes record poor reach for high risk groups. The studies by Peltzer *et al* (2012:23) demonstrate that youth in rural areas feel isolated. Community networks are important to them but many of the present programmes are developed for urban area application with little sensitivity to unique and discrete rural community needs. This point is also brought home by Martins-Hausiku's (2007:73) study of the national HIV youth programme, loveLife. Martins-Hausiku (2007:72-73,78) maintains that rural communities cannot identify with the meaning of loveLife's messages, unlike urban youth who identify more closely with the messages. Visser (1999:149-165) argues that issues of poverty, access to food, medical care and income, as well as power relations between men and women, and rich and poor, all influence the way in which HIV and AIDS affect societies.

Poor rural communities have less access to media such as radio, television and written media such as newspapers and magazines than their urban counterparts. High rates of HIV reinforce that low levels of education appear to be linked to higher levels of teenage sexual activity and limited knowledge of HIV and AIDS which markedly increase their vulnerability to HIV (Eaton, Flisher & Aaro 2003:149-165). UNICEF (2011:4) has observed that young people from rural areas are more vulnerable to HIV and AIDS than youth in urban areas. According to them, this is because rural youth are less likely to have accurate knowledge of HIV and AIDS

owing to their limited access to information. Additionally, they have limited resources and access to health services.

The above discourse serves to inform that national HIV programmes are not influencing all youth in South Africa in the same way. Urban and rural youth require a substantially different approach to HIV programmes. Rural youth are more vulnerable in terms of HIV and AIDS, as national HIV programmes do not “talk” to them and address their realities. In this study the researcher explored the beliefs, sexual attitudes and behaviour of vulnerable rural male youth. Through their own voices the researcher discovered what was important to them, and how a specifically targeted programme could influence their beliefs, sexual attitudes and behaviour, to make them more risk aware and decrease their vulnerability to HIV.

2.4.3 Youth and HIV prevention

Recent data from UNAIDS (2011:44) indicates a 43 per cent rise from 2009 to 2010 in the number of people receiving antiretroviral therapy in South Africa. However, it also notes that higher risk sex among South African males between the ages of 15 and 49 years increased from 2002 to 2009 and men reported having multiple sexual partners (UNAIDS 2011:55). Although improvement has been noted in the uptake of HIV-treatment and awareness, HIV is still driven by fear, ignorance and discrimination including violence and abuse (UNAIDS 2012:36). The researcher is of the opinion that high rates of HIV will continue to be recorded in developing countries because their populations comprise large numbers of young adults (see Table 2 on page 13). In some cases up to 40 per cent of developing countries’ populations are under the age of 40 and large numbers are living with HIV (see Table 1 on page 12). These statistics have serious implications for the increase of HIV and point to the need for increased HIV programming to inform young adults of the advantages of the uptake of HIV-treatment. Antiretroviral therapy not only prolongs life but effectively blocks HIV transmission (UNAIDS 2011:12).

Empirical evidence places youth at the centre of the HIV epidemic. Their vulnerability to HIV is increased in terms of their age, unsafe sexual practices and the experimental stage of their lives (UNAIDS 2012:18). UNICEF (2011:11) and UNAIDS

(2012:18) argue that changed behaviour can protect youth against the risk of contracting HIV.

Similarly to other countries in the African region, the South African Department of Health ([DoH] 2007:36) records youth as making up almost 40 per cent of South Africa's population. Studies indicate a continued increase in HIV among youth in rural and informal settlement areas of South Africa (Steinberg 2008: 6-7).

The NSP Objective 1 (SANAC 2011:14) focuses on addressing the social, cultural, economic and behavioural drivers of HIV, STIs and TB. It further includes the need to find solutions for the challenges posed by risky socialisation practices, living in informal settlements, as well as rural and hard-to-reach areas (Barnett & Whiteside 2006:86-90). Limited access to adequate health services in rural areas adds to communities' vulnerability by preventing early detection of STIs which increases chances of HIV transmission. The NSP (2011:23) acknowledges the need to educate people on how to reduce their risk of HIV and improve their health outcomes. The challenges above provide evidence of increased HIV vulnerability for rural youth and their need to be at the forefront of all HIV prevention strategies.

2.4.4 Social structural drivers of HIV

Key drivers of the South African HIV-epidemic include sexual behaviour, and societal factors such as poverty, gender inequalities and migrant labour (DoH 2011:22) which are widespread in rural areas. HIV is recognised as being driven mainly by sexual transmission; therefore, addressing sexual behaviour and social determinants of vulnerable populations is critical to confront HIV holistically. Delaying sexual début among adolescents and youth, and confronting cultural and gender norms, such as multiple sexual partner relationships, are also key to decreasing HIV infection rates (WHO 2011:61-62). Poverty leads to practices such as survival sex and intergenerational sexual relationships in which goods are exchanged for sex. Interventions targeting migrant workers to discourage concurrent sexual relationships and patriarchal gender norms increasing women's vulnerability to HIV infection are important areas in which interventions are necessary. Empowering women to negotiate safe sex and programmes which communicate new information to dissuade risky social and cultural norms are critical in the response to HIV. Rural

youth have limited work opportunities and are poor; traditional cultural norms impact on their vulnerability to HIV and the above social determinants increase their likelihood of risky behaviour (SANAC 2011:14-37).

2.4.5 Curtailing the risk of HIV

Despite ongoing HIV prevention programmes aimed at adolescents and youth, HIV is still a major challenge in South Africa. Increased knowledge about HIV has not influenced the youths' beliefs, sexual attitudes and behaviour (UNAIDS 2010:10,14,19). To address the increasing rate at which the youth are contracting HIV, government and civil society have stepped up their efforts and advocate the development of multi-focused programmes.

Harrison *et al* (2010:10,102) studied eight HIV prevention interventions targeting children and youth between 12 and 24 years of age. Their studies were conducted in a South African setting and examined a variety of multi-faceted HIV youth prevention interventions, ranging from school programmes to youth-to-community interventions. The review maintained that HIV prevention programmes did not influence sexual risk behaviour among adolescents and the youth in any significant way. However, when HIV interventions were combined with a focus on at least one social or structural risk factor such as gender, poverty and alcohol, all eight programmes brought about intention to change sexual behaviour among the participants.

The pathway to successful HIV interventions indicated by the study above reveals that structural factors are the underlying causes resulting in risky sexual behaviour. The study is significant in that it signals that rural youth are influenced by traditional cultural and social norms. Therefore, HIV interventions which target rural male youth should focus on their cultural and social norms in order to influence new healthy behaviour to make them less vulnerable to HIV.

Moodley (2010:19-21) examined the knowledge, attitudes and sexual practices of students aged between 18 and 24 years attending a Further Education and Training (FET) college. Moodley (2010:125) noted high levels of HIV knowledge among the participants of his study, although they still engaged in risky sexual behaviour. This confirms the theory of Pettifor, Measham, Rees, Padian (2004:1996–2004) and

Hartell (2005:171-181) that high knowledge of HIV does not necessarily result in safer sexual practices. Although the reasons for Moodley's (2010:125) findings are not provided, WHO (2006:140-141) provides evidence that HIV programmes implemented in primary, secondary schools or colleges in developing countries, are effective for both male and female students. The study of Harrison *et al* (2010:10,102) concurs that HIV interventions are more successful when combined with social and structural factors. The HIV interventions Moodley (2010:19, 21) examined did not deliver HIV interventions with a focus on changing risky social and structural factors and, therefore, were not as effective as HIV interventions targeting social and structural factors in combination with HIV information.

Hallman, Govender, Roca, Pattman, Mbatha and Bhana (2007:2-3) examined youth's sexual behaviour following their participation in a multi-focused HIV prevention programme. The youth reported not only an improvement in behavioural change intention but in self-esteem, financial skills and protection from HIV.

Similar to the above study, Lekganyane (2008:66) addressed the importance of multi-focused HIV intervention programmes. Her study illustrates how poor women are empowered through providing information which allows them to change their social construction, to take responsibility for their sexual and reproductive health and to understand their vulnerability to HIV and AIDS.

The researcher maintained that an increase in age appropriate HIV knowledge would provide youth with the necessary HIV information. However, in order to influence the youths' behaviour and intentions to engage in safer sex programmes it should be combined with information of social norms and structural factors that make them vulnerable to HIV.

The Planned Parenthood Association of South Africa developed the Men as Partners programme (Nzewi 2009:8), and the Boys2Men programme (Burman 2011). These programmes place men at the centre of HIV messages and aim at influencing their attitudes and behaviour and increasing their knowledge of sexual health. The above two programmes are specifically targeted at men and male youth and encourage and

create an environment to engage them on issues related to their sexual behaviour and sexual reproductive health and rights.

The Sonke Gender Justice Network (Peacock 2013:1), through their *Brothers for Life* programme, promotes gender equality targeting a reduction in gender based violence in men over the age of 30. The programme also addresses the risks of multiple sexual partners and promotes healthy behaviour and HIV testing. Disclosure of HIV status specifically among young men should lead to a reduction in stigma and further encourage HIV testing of couples. HIV testing among couples could further alleviate HIV discrimination and provide an important opportunity for couples to be counselled with regard to HIV prevention and care.

Mass media HIV programmes such as Soul Buddyz in South Africa contribute to increased knowledge of HIV among boys and girls (WHO 2006:220). Using multimedia *edutainment* including television, radio, life skills and parenting publications, the programme targets children aged eight to twelve years old. An evaluation of the programme found that 42 per cent of eight- to fifteen-year-olds had watched most of the episodes on television (UNICEF 2011:12).

The loveLife HIV outreach programme is a South African initiative which promotes HIV-negative living among rural teenagers and youth between the ages of 12 and 19 (SACPR 2010:126). The programme has been presented in 8000 schools nationwide in partnership with community-based organisations and youth centres. Through youth leadership and multimedia campaigns, loveLife encourages and promotes healthy lifestyles. It is conducted by trained peer educators and addresses the underlying behavioural, structural and social drivers of HIV. Studies by loveLife claim that although the youth have adequate knowledge of HIV, they continue to put themselves at risk (loveLife 2013:1). The researcher found that a number of male youth taking part in this study had encountered the loveLife HIV programme while at school. She was of the opinion that the programme was not age appropriate and too short in duration to influence the school youth.

Burman and Mamabolo's (Burman 2011) University of Limpopo's study of the Boys2Men programme, as mentioned in Chapter 1, forms part of a larger review

undertaken on various rural programmes in the Waterberg district. Apart from their study, the researcher was unable to find literature on other rural HIV prevention programmes which targeted rural male youth and had made a noted positive impact on rural male youths' beliefs and sexual behaviour.

The First AIDS Kit, and AIDS lifestyle programme developed by the South African Department of National Health and Population Development in 1992 targeted adolescents (cited in Bremridge 2000:3) but has not had positive impacts on their behaviour intention. However, loveLife's programme approach which is aimed at adolescents and youth has proved successful in reaching rural youth but studies indicate that the programmes are not fully understood by them (loveLife 2012:23). The Boys2Men rural programme focuses on HIV prevention and addresses structural factors making it a comprehensive programme specifically designed for rural youth. Questions still remain on the best methods to effectively reach youth to impact on their sexual and risky behaviour. Providing information on HIV and sexual risk is not enough. More attention needs to be paid to social constructs, and the way in which genders engage as this contributes to perceptions about sexual identity, responsibility and sexual risk taking.

WHO (2009b:23) articulates the importance that HIV, sexual reproduction and health services for young people be youth specific and developed specifically to target them. Youth specific programmes should also be available in areas where young people are more likely to access them, especially as rural youth are made vulnerable in terms of HIV programming not reaching them. Similarly the health sector has an important role to play in reaching out to youth. Their role in providing guidance and support and sexual and reproductive health services in a youth friendly and accessible way should be imperative to the services they deliver to this sector.

UNAIDS (2012:32-35) promotes multi-focused HIV interventions which combine prevention strategies with structural approaches to reduce vulnerability to HIV infection for maximum impact. United Nations General Assembly Special Session (UNGASS) furthermore asserts that psychosocial skills are among a number of strategies to change risky sexual behaviour (WHO 2006:104-139).

Research conducted by WHO (2006:85) on youth and HIV prevention programmes in developing countries indicates that young people are reached more effectively through multi-focused preventative interventions. A clear understanding of what works regarding HIV awareness programmes is critical for the successful implementation of interventions that influence young people to adopt safer sexual behaviour and limit their chances of contracting HIV.

There is a paucity of mass media HIV programmes which reach out to rural communities. The literature above indicates loveLife as being the only mass media HIV-programme targeting rural youth in South Africa. Rural youth are made vulnerable to HIV by lack of HIV knowledge and information and limited access to media like radios, televisions and newspapers that serve to educate. Low literacy levels further marginalise rural communities in terms of HIV information; accordingly rural youth do not have the necessary information to protect themselves against HIV.

The above studies point to the necessity of developing HIV prevention interventions that offer more than just HIV knowledge and that target rural youth and their social norms. HIV interventions should influence beliefs, sexual attitudes and behaviour and provide pathways to motivate new behaviour. It is important to include knowledge of diverse cultures, risky traditional beliefs and life skills in HIV programmes. Providing new knowledge could lead to the adoption of healthy sexual behaviour and decrease vulnerability to HIV.

2.4.6 Boys2Men, a rural HIV programme

According to the Waterberg Welfare Society's youth director, Mr Zachariah Sekhu, the Boys2Men programme was introduced in 2007 as a pilot project by the men of the University of Limpopo on sex and relationships education male youth.

2.4.7 Background on Boys2Men

The programme was developed following international research and the lack of comprehensive understanding of the needs of young men and their sexual desires (University of Limpopo 2014:1-2). The University of Limpopo (2014:1-2) identified the Boys2Men programme as an effective vehicle to inform and educate young men on risky sexual behaviour. It also aimed to instil a sense of both the rights and

responsibilities young sexually active (actual or potential) males should have. The Boys2Men programme is described as a male friendly programme which promotes male youths' expression and exploration of their sexual vulnerabilities. Sex and relationship education and gender rights and responsibilities play a major role in the programme.

2. 4.8 Rural male youth

The Waterberg Welfare Society (WWS), believing that male youth are disadvantaged by simplistic gender stereotyping (WWS 2014:2), established the Boys2Men programme to engage rural male youth on issues of HIV at their youth centre. Discussions include dialogues on sex, sexuality, relationships and gender relations facilitated in a relaxed way through board games, sports and activities. The programme aims to provide male youth with information to improve their knowledge of health and wellbeing issues without being prescriptive or moralistic. Male youth are assisted to develop strategies to manage risky situations in the context of HIV and AIDS.

Activities of Boys2Men include leadership and coping skills that build in intensity as the youth become young men. (WWS 2014:1). Boys2Men members are connected to other youth in similar situations creating networks of support.

2. 4.9 Boys2Men activities

An evaluation of the Boys2men programme by Burman and Mamabolo (Burman 2011:10) notes the emergence of topics that emanate through interviews and discussions with the young men. Topics include HIV and AIDS, teenage pregnancy, STIs and the importance of skills obtained through Boys2Men that enable them to manage their risks with regard to decision making and risky behaviour. It is evident that Boys2Men equips rural male youth with unique opportunities to engage in sensitive discussions in a safe and non-judgemental space, on their realities. Stories of *behavioural change* are, according to Burman and Mamabolo (Burman 2011:20-21), real and life changing.

Recommendation was made for further exploration of whether the Boys2Men programme had encouraged members of Boys2Men to undergo HIV counselling and

testing (HCT) and to explore the decision-making processes that the male youth went through in order to undergo HCT (Burman 2011:20-21). Their study found that rural youth had gained information and knowledge to reduce their HIV risk by participating in Boys2Men.

2.5 Theoretical Point of Departure

The researcher was guided by the Theory of Reasoned Action and the Social Constructionist Theory as a framework to explore the beliefs, attitudes and behaviour of rural male youth who are vulnerable to HIV. The theories were applied to explore how a prevention intervention like the Boys2Men programme could construct and influence the rural youths' beliefs, attitudes and behaviour regarding HIV prevention and challenge existing risky behaviour and social norms.

The Theory of Reasoned Action focuses on an individual's beliefs, attitudes and behaviour while the Social Constructionist Theory makes sense of how the structural factors of society impact on the individual's worldview. Attitudes and beliefs of individuals result in behavioural norms which are learnt through structural factors. It is important to consider the cultural and environmental factors of individuals when implementing HIV interventions and to understand determinants of behaviour in order to influence it (UNAIDS 1999:6).

2.5.1 Theory of Reasoned Action

According to the Theory of Reasoned Action, the most accurate determinant of behaviour is intention. The theory posits that the determinant of a person's intention is their attitude towards performing a particular behaviour (UNAIDS 1999:7). Mantell, DiVittis and Auerbach (1997:186) state that a person's attitude is determined by their belief system as well as the outcomes of performing the specific behaviour weighted by an evaluation of the outcomes. For example, an individual would use a condom if his attitude was that having sex with a condom could prevent him from HIV infection, and if most of his peers were using condoms.

The subjective norm of a person is determined by whether people who are important to them approve or disapprove of the behaviour, and weighted by the person's

motivation to comply (Simons-Morton, McLeroy & Wendel 2012:103). The tenets of the above theory fit well with the Boys2Men programme and its aims to influence the behaviour of the participants.

The researcher explored the beliefs, sexual attitudes and behaviour of the rural male youth who took part in the Boys2Men programme to investigate how the programme had influenced their beliefs, attitudes and behaviour. Fishbein and Ajzen (1975:369-373) argue that intention is a major component of the Theory of Reasoned Action and suggest that individuals often act upon their intentions which are influenced by their beliefs and attitudes. Hale, Householder and Greene (2002 259-262) assert that the stronger the person's intention to perform a particular behaviour is the more likely the person's attitude will respond positively and the person will be influenced to perform the behaviour. Using the Theory of Reasoned Action assumptions that an individual's intention is a function of attitude and social influence, this study explored how the Boys2Men programme influenced the respondents to practise healthy sexual behaviour.

Rural youth have strong connections to their belief systems and culture, and these social norms influence their behaviour. Mantell, DiVittis and Auerbach (1997:185) explain the Theory of Reasoned Action with respect to how individuals are influenced to change their behaviour to what they perceive others think of their behaviour. Thus a person with strong beliefs about certain behaviour will have increased intention to perform that behaviour. The peer educators influence the male youth participating in the Boys2Men programme to change their behaviour. The participants act out behaviour related to their beliefs and attitudes and which they perceive as important to others.

As beliefs, attitudes and behaviour have been shown as significant in a person's intention to perform a particular behaviour, the researcher applied the Theory of Reasoned Action model to guide her study. Based on the assumption that rural male youths' beliefs, attitudes and behaviour towards a specific HIV-preventative behaviour are influenced, this study explored how the Boys2Men programme influenced the beliefs, attitudes and behaviour of the rural male youth. The Theory of Reasoned Action paradigm rests on the assumption that changes in knowledge

levels can influence attitudes and beliefs and lead to the intention to change behaviour.

The Theory of Reasoned Action provided a framework to assist the researcher to identify what influenced the rural male youths' beliefs, sexual attitudes and intention to modify their behaviour. The beliefs and attitudes of the participants were explored in an attempt to understand their intention to adopt safer sex, and their attitudes and beliefs were investigated to discover in what manner they perceived the programme had influenced them. The Theory of Reasoned Action argues a person's intention remains the best indicator that a desired behaviour will occur and changes in an individual's beliefs will affect their actual behaviour.

2.5.2 The Social Construction Theory

The Social Construction Theory was also used as a guide in this study as it holds that people's reality is actually a cultural worldview (Flores 2014:1), and is developed through stereotyping. Joffee (1996:169-190) argues that the way people interact socially and their perception of their roles as women and men are determined by behaviour that is socially acceptable. More so people are influenced by their culture, surroundings and social context. Sexuality, therefore, needs to be understood within historical social contexts and constructions rather than individually.

The social constructionist view asserts that beliefs, attitudes and behaviour can be reconstructed and changed over time and space (Joffee 1996:169-190). Traditional societies have strong cultural and sub-cultural norms such as imbalances in gender relationships. New information plays a critical role in imparting new beliefs and understanding which can bring about cultural change. Interventions which highlight the dangers of male dominance over women and provide information on the advantages of a more equal social structure can lead individuals to reconstruct their realities. This can influence beliefs and behaviour and lead to a decrease in HIV (UNAIDS 1999:36-36).

Society determines how men and women behave towards one another. The rural male youth construct their social identity and sexuality by means of their beliefs, attitudes and behaviour. Through the Boys2Men programme the rural male youth re-

negotiate their role with regard to gender across different contexts and situations. The social constructionist approach is, therefore, key to this research as it is the lens through which the youth understand and behave towards women, and is in line with the Boys2Men programme outputs. The Boys2Men programme influences the beliefs, sexual attitudes and behaviour of the rural male youth. It was observed that the rural male youth socially construct and adjust their sexuality and behaviour to fit in with new information learnt through the Boys2Men programme.

The Theory of Reasoned Action and the Social Constructionist Theory were used to inform the study research purpose, objectives and methodology.

2.6 Conclusion

The purpose of this literature review was to obtain information regarding male youth HIV interventions. Studies of HIV programmes targeted at youth have increasingly revealed success when programmes are linked to diverse and integrated interventions such as providing information to challenge and influence risky social norms which impact on the youths' vulnerability to HIV. Although there is limited academic literature on community-based HIV programmes that target rural male youth, the available literature reveals that the solution to effective HIV youth interventions lies in a holistic and integrated effort targeting existing beliefs, behaviour and structural and social norms. The scarcity of literature on HIV programmes targeting rural youth increased the importance of this study.

The use of the Theory of Reasoned Action and the social constructionist paradigm which guided this study were also discussed.

A discussion of the research methodology used in this study is presented in the following chapter.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter the research design and data gathering techniques are provided. The chapter concludes by highlighting the ethical considerations which were taken during conducting the research.

Owing to the explorative nature of this study, a qualitative research design was used to explore the beliefs, sexual attitudes and behaviour of rural male youth regarding HIV prevention. A qualitative study allowed the researcher to investigate and gain an understanding of the attitudes and intentions regarding HIV prevention of the young male participants, who were between the ages of 19 and 26 years (Babbie 2010:296). Different views on how they were influenced by the Boys2Men programme were explored through their own voices to reveal meaning and intent.

Lapan, Quartaroli, and Riemer (2012:436-437) note that qualitative research is used when people's subjective experiences are explored to understand what is *real* for them. The perceptions of the rural male youth of how the Boys2Men programme had influenced their beliefs, attitudes and behaviour were explored through their narratives.

3.2 Research Methods

In this qualitative explorative study research method individual face-to-face interviews and a follow-up focus group interview and field notes were used. According to Lapan *et al* (2012:247), these methods are ideal when conducting a study of social programmes which require the generation of rich narrative descriptions.

Individual face-to-face interviews encouraged the respondents to speak freely and openly about subjects they probably would not have felt comfortable discussing in a group setting, and this allowed the researcher to obtain rich data from their narratives for data analysis (De Vos, Strydom, Fouche & Delport 2004:297-300). It

also allowed the researcher to explore more deeply the beliefs, sexual attitudes and behaviour of the participants and gain insight into and understanding of how they were influenced by the Boys2Men programme regarding HIV prevention. Baxter and Jack (2008:545) citing Yin (2003) note the appropriateness of a qualitative study approach when the focus of research is to answer the *how* and *why.*

3.2.1 Key informant interviews

The interviews were held with nine young men from the rural areas of Vaalwater in the Waterberg. The participants were purposefully selected as they had taken part in the Boys2Men programme, a programme of the Waterberg Welfare Society for at least two years. Purposeful sampling was chosen based on the participants' potential to contribute valuable information on the programme and how it had influenced them with regard to HIV prevention. A sample of nine rural male youth aged between 19 and 26 years, who lived in the rural community of Leseding, Alma and outlying areas was the unit of analysis. This is in line with the explanation of Lapan *et al* (2012:253,334) of purposeful sampling methods. Please see Appendix A, letter of request to the Waterberg Welfare Society to conduct interviews and the reply from the Society. The use of an interview guide piloted the individual face-to-face interviews to help keep the researcher focused on the research topic (Terre Blanche *et al* 2006:296,297). Please see Appendix D, the interview guide. The literature review and chosen theories were used as a framework to develop the interview guide and to assist the researcher in understanding the participants' realities and world view.

3.2.2 Individual Face-to-Face interviews

Interviews were arranged and conducted as scheduled during December by the youth director of the Waterberg Welfare Society. Each interview ran for approximately an hour and a half at the youth centre, LIYA House, a convenient walk from the Society. Please see Appendix E: Invitation to key informant.

The structure of the individual face-to-face interviews included an explanation of the ethics of the research, the manner in which the research would be conducted through individual interviews, and a follow-up focus group interview. Permission was

obtained from each participant to audio record the interview and he was invited to ask any additional questions.

Individual face-to-face interviews were used to collect data, as this method facilitated the collection of the narratives on sensitive issues focusing on beliefs, attitudes and behaviour (Baker 1994:34). The semi-structured interviews covered a number of topics common to all the respondents as a number of questions needed to be asked based on the research questions of this study. The semi-structured interviews enabled the collection of general and specific information from the participants, and their perceptions on sensitive issues like sexual matters in a more fluid rather than rigid or structured way (Babbie 2010:329; Gosling & Edwards 2011:200).

Lapan *et al* (2012:90) confirm that the above method is used when one needs to explore the *experiences, beliefs, norms and practices* of key informants and to understand their perceptions of a particular issue. It was for this reason that the above methods were used for this study.

3.2.3 Focus group session

Following the key informant interviews, a focus group session was held. Nine participants were expected but one of the participants was unable to join the focus group session because of a work commitment. The focus group session was held with eight of the original participants and took place at LIYA House which was a familiar setting and convenient as the individual face-to-face interviews had been conducted there. The different opinions of the young men both individually and together elicited information that the individual face-to-face interviews did not. It also served to validate data collected through the individual face-to-face interviews and was useful for identifying intragroup differences and similarities of perceptions.

The focus group session took place over two hours and explored the groups' different views on issues as discussed during the individual face-to-face interviews. This method allowed the researcher to gain an understanding of the diverse behaviour and intentions of the group with regard to HIV prevention and for verification of the data collected (Terre Blanche *et al* 2006:304-306). The focus group interview was also used as a debriefing session with the participants and

provided them with an opportunity to ask additional questions about the research and reflect it.

The researcher chose this method for data collection as it empowered the participants to share their experiences and speak in their own voices. In addition, the researcher was able to obtain a sense of the feelings, experiences and perceptions of the participants through their words and to probe deeper when additional information on a topic was required.

Recording of the interviews captured the exact words of the participants and provided a contextualised view of how their beliefs, attitudes and behaviour were influenced by the Boys2Men programme. The interviews provided the collection of rich data of the participants' perceptions regarding HIV prevention and their intentions to change behaviour.

The interviews provided an opportunity to observe facial expressions, gestures and tones of the participants' voices and to make field notes. There were times during the interviews that the researcher got the sense that the participants were answering the questions to impress; almost as if performing and acting. It was important to acknowledge that they were giving their perceptions of their world views and realities during the interviews.

3.2.4 Field notes

Data collection was brought together through reflexive note-taking and recording in a log book. Unspoken nuances and body language were noted and in this way both the words of the participants and their body language were taken into account as recommended by Morgan and Krueger (1998: 77-83).

3.2.5 Data collection site

The researcher chose to work with the Waterberg Welfare Society as she was familiar with the organisation having worked as a volunteer fundraiser for the organisation in 2010. She presently assists the organisation on an ad hoc and advisory capacity and this enables her to keep in touch with their activities. While working as a volunteer for the organisation, she became impressed with the young

men that took part in the Boys2Men programme. They displayed positive attitudes and good personage even though they came from poverty-stricken backgrounds and many were the “fathers” of child-headed households.

3.3 Data analysis

Thematic content analysis was used to analyse and interpret the raw data based on the transcribed interviews including key informant, individual face-to-face and focus group interviews. This technique is also agreed by authors such as Lapan *et al* (2012:129), as according to the literature this particular method is useful for interpretation of data that requires a process of critical thinking, inquiring and categorising.

The raw data was evaluated and themes or codes were identified within the data in order to establish meaningful patterns. This was achieved by breaking up and separating raw data into parts, elements and units. As per Seidel’s (1998:1) model of data analysis in qualitative research, data was broken down and categorised into sequences, themes, topics, concepts, patterns and key words.

Initially, the researcher listened to the audio taped interviews a few times to familiarise herself with the raw data. Thereafter, the recorded interviews were transcribed into text. After reading, rereading and reflecting on the data content, patterns and research themes began to emerge based on the research questions. Coding of the text based on the research questions was done four times manually in order to construct a meaningful flow of data into findings. The researcher marked and colour coded themes in order to identify similarities and patterns. Throughout the coding process attention was paid to the patterns that emerged, and relationships within the codes were then identified into themes. The coding was based on the raw transcriptions and field notes taken during the interviews by clustering them into the research questions as mentioned in Chapter 1.

Once themes had been identified based on the purpose and objectives of the study, they were reviewed. When links in other themes were revealed, the themes were condensed into smaller units for further analysis based on the research questions

(Lapan *et al* 2012:278-279). In some instances, sub-themes were joined into one theme when there was not enough data to support their inclusion. The themes were then named to give full meaning to each theme and its importance with regard to the research question and were compared with the selected theories and literature review of the study. (Terre Blanche *et al* 2006:338). A final review of the themes was done to identify sub-themes. Once the review of the themes had been completed and could produce meaningful evidence and contributions to answering the research questions, a thick description of the results was produced for the final report.

For each theme a detailed analysis was presented in Chapter 4. Literature was also used to support the findings (Lapan *et al* 2012:98-100).

3.4 Measures to Ensure Trustworthiness of the Study

In line with Lincoln and Guba's (1985:290) recommendations to apply credibility and dependability to research, four elements of trustworthiness of data were applied to this study: namely, credibility, transferability, dependability and confirmability. The four elements of trustworthiness were dealt with by triangulating data sources, and using multiple methods of data collection. By providing rich descriptive data of the participants and their reality, authenticity of the study was achieved.

The data described the context of this study. Future research will be able to equate findings to the context described to ensure transferability of data. Credibility was established through a follow-up group discussion with the same participants on their beliefs, attitudes and behaviour and their perceived vulnerability to HIV. By purposively selecting the appropriate participants and using their narratives, authenticity of data was further ensured.

The audio recorded interviews were transcribed for data analysis and interpretation to enhance credibility and present evidence from the data collected in the field. This also enabled reflexivity between the relationship of the theory used and the data collected, including the researcher's biases and assumptions, to avoid contamination of the research process (Lapan *et al* 2012:386).

3.5 Ethical Considerations

The researcher ensured the following ethical considerations during this study. Ethical clearance from the Department of Sociology at UNISA was received before this study was undertaken. Please see Appendix C, Letter of Ethical Clearance. Relevant people at the Waterberg Welfare Society were informed that her role was that of a UNISA student doing her MA Social Behaviour Studies in HIV and AIDS within the Department of Sociology at UNISA.

A meeting was organised between the researcher, the Chief Executive Officer (CEO) and the Youth Director of the organisation a month before the research date. During the meeting the purpose of the study and the study in general were discussed in detail. Both the CEO and the Youth Director gave their consent for the study to go ahead. Please see Appendix A and Appendix B: Letters of Request and Acceptance.

The researcher took the utmost care to ensure that the research participants and the Waterberg Welfare Society management and staff were not inconvenienced by this study. The full cooperation and the support of the Society's management and the participants were critical for the success of this research study, for which the researcher was most appreciative.

3.5.1 Voluntary participation and confidentiality

All participants were advised that their participation in the study was voluntary and that they were free to leave the research at any time. They were also informed of their right to not answer a question and/or not participate in group discussions should they feel uncomfortable. The researcher also ensured that the relevant parties were at all times comfortable with the research being conducted. The participants' names were not used for confidentiality purposes and data was kept in a safe place and used only for this research. Transcripts would remain confidential and the records destroyed once the research project was completed

3.5.2 No harm and protection

Questions were developed with sensitivity and the participants were treated with respect at all times. The follow-up focus group discussion also served as a debriefing

session (Babbie 2010: 71) on conclusion of the study, and the researcher advised the youth that the WWS HIV councillor was available to them should they feel the need for counselling following this study.

3.6 Conclusion

This chapter presented a discussion of the chosen research design and methodology used. The instruments for the data collection and the manner in which the data was analysed were also described, as were the validity and ethical considerations underpinning this study.

In Chapter 4 the background of the rural young men and results of the qualitative data are presented.

CHAPTER 4: FINDINGS

4.1 Introduction

This chapter is organised in sections; the first section introduces and provides some background on each participant. The second section presents the key findings and narrative summaries, based on the purpose and objectives of the study. Quotes from the participants, as well as some of the researcher's own observations are also discussed.

As discussed in Chapter 1, the purpose of this study was to explore the beliefs, sexual attitudes and behaviour of rural male youths' vulnerability to HIV. Furthermore, this study aimed to gain insight into and understanding of the manner in which the Boys2Men programme had influenced these attitudes, beliefs and behaviour in the context of HIV prevention.

The research objectives and questions were used to code the findings into themes and sub-themes.

4.2 Profile of Participants

The individual face-to-face interviews were conducted with nine participants. All of the participants were from rural communities and between the ages of 19 and 26 years. The two types of interviews conducted included individual face-to-face and focus group interviews. To protect identities and maintain confidentiality the respondents were represented by colours.

Respondent 1 chose the colour green. Green moved to Vaalwater when he was two years old. He was 22 years of age, well-spoken and presented as a confident young man. Although he did not know his biological father, he spoke of a close relationship with his mother. Green attended local schools and matriculated in 2010. He joined the Boys2Men programme as a 15-year-old teenager. He was furthering his studies at a university as a bursary student; he also received financial assistance from the

Waterberg Welfare Society. During the holidays he assisted the organisation with Boys2Men programme activities.

Respondent 2 chose the colour orange. Orange was born in Malawi. At 19 years of age he was one of the youngest of the participants in the research study. Although he presented as a strong confident young man he was softly spoken. Orange was brought up by his biological mother as his father was away at work most of the time. As a young teenager he lived in Johannesburg and admitted to smoking dagga and abusing alcohol while living there. In 2011 the family fell on hard times and they moved to Vaalwater where his father found work. He joined the Boys2Men programme in 2012 when he was 17 years old. As he was not a South African citizen he was unable to complete his schooling. He had applied for South African citizenship and planned to complete his education once it was granted. Orange had a good relationship with both his parents.

Respondent 3 chose the colour purple. Purple was born in Zimbabwe. In 2006, when he was 14 years old, he moved to Alma with his parents. As he was not a South African citizen he was not permitted to enrol at the local school. In 2008 he joined the Boys2Men programme and now works as a part-time peer counsellor for the programme. He matriculated in 2010 after successfully applying for South African citizenship. Purple did not drink or smoke and believed he was a responsible young man.

Respondent 4 chose the colour red. Red was born in Vaalwater. He became an orphan at nine months, and believed he had had a hard life. Red came across as a confident young man, with a friendly disposition and warm smile. In 2008, when he was 15 years old, a British volunteer helping out at the school he attended, introduced him to the Boys2Men programme at the Waterberg Welfare Society. After matriculating at a local school he took up studies at a university in Pretoria. He believed he was well-disciplined and spiritual and spoke of his relationship *with self and G-d.*

Respondent 5 chose the colour navy blue. Navy Blue was born in Vaalwater. He was brought up by his biological mother; he did not know his father. He was of slight build

and looked a lot older than his 23 years. As a teenager he visited taverns and abused alcohol which took over his life. After failing grade 11 three times he was expelled from school. He joined the Boys2Men programme in 2007 when he was 17 years old and still abusing alcohol. With the support of the Boys2Men peer educators, Navy Blue stopped drinking and went back to school. He matriculated in 2013 and was a gospel singer.

Respondent 6 chose the colour light blue. Light Blue was born in Vaalwater. He was brought up by his biological mother and stepfather. He was 19 years old and softly spoken with a slight build. He described himself as a poet and enjoyed drawing. Owing to peer pressure as a young teenager Light Blue became involved in alcohol. He joined the Boys2Men programme in 2009 when he was 15 years old. He matriculated in 2013.

Respondent 7 chose the colour yellow. Yellow was born in Vaalwater. He was brought up by his biological parents; his father is a pastor. He was 25 years old, had a strong build and was softly spoken. During the interviews he displayed nervous behaviour by constantly tapping a finger on the table. Since matriculating in 2010, Yellow had been unemployed and spent his time playing soccer. In 2013 he was approached by the Boys2Men programme to join their soccer team. Five months ago the Waterberg Welfare Society offered him a job in their HIV outreach programme.

Respondent 8 chose the colour black. Black was born on a farm outside Vaalwater. His family were unsettled and he moved to many different homes as a young boy. He left home at 11 years of age because of an abusive relationship with his father. Black abused alcohol and drugs and dropped out of school at 15 years of age. He joined the Boys2Men programme in 2007 when he was 18 years old and still abusing drugs and alcohol. He matriculated in 2010 after a teacher encouraged him to return home and complete his schooling. Black described himself as a poet. He lived a clean life now and worked as a Boys2Men peer educator.

Respondent 9 chose the colour pink. Pink was 26 years old. He was born on a farm outside Vaalwater. He was an only child and became an orphan at the age of 13 years. He was brought up by his grandmother and then by an aunt who abused him;

she passed away in 2010. In 2007 Pink joined the Boys2Men programme; it was around this time that he was close to engaging in risky behaviour. Spirituality played a big role in his life; he was a church youth leader and a Boys2Men peer educator.

4.3 Key Findings

The majority of the respondents engaged enthusiastically in the individual face-to-face and focus group interviews. From the interviews key issues emerged. The findings are presented under themes, and emerging themes below.

4.3.1 Exploring the beliefs, attitudes and behaviour of the participants regarding HIV-prevention.

4.3.1.1 Sexual beliefs

The participants' sexual beliefs were explored broadly in order to understand what their beliefs were with regard to sex.

Purple reported having heard about HIV before joining the Boys2Men programme. He believed he was a child and that HIV only affected adults; he was, therefore, unconcerned about it.

> *Yes, I heard about it a lot during that time* [before joining B2M] *to tell you the truth I said I am a child I cannot get that thing. It is a thing of the elders. I was very different attitudes than my teachers – HIV no this is not my problem*

Some of the participants believed that sex before marriage was prohibited and abstaining from sex was a method of HIV-prevention. Orange was of the belief that as he was not sexually active he could remain HIV-negative.

> *I don't this* [sex] *I will be infected by HIV.*

Since being on the Boys2Men programme, Yellow had changed his beliefs with regard to sexual relationships.

> *The programme* [B2M], *the things that are in there – like everything, like for instance – I was doing wrong I was thinking it was right like being sexually active – now* [being part of] *B2M I want to abstain – I'm still in progress.*

He believed it was wrong to be sexually active at his age, and expressed the intention of abstaining from sex both for HIV-prevention and family planning.

> *I told my girlfriend everything and she understands. She still has a future and must go to school, what if in the next year we have a child and things like that – she is 21.*

Green was against sex before marriage.

> *Ahh I believe we cannot have sex before marriage –*

Although he admitted to having engaged in a sexual relationship with his girlfriend, Green made an exception to his sexual beliefs as he was in a serious and committed relationship. He believed having sex outside a committed relationship was risky sexual behaviour.

> *I still believe in it but I make an exception* [with my girlfriend] *– I think it's ok if you know them well and you know exactly and have a good relationship with them I think it's ok. When you both know your relationship will go somewhere – but if your relationship not going anywhere it's kind of risky to have sex. So it's kinda simple if you committed...*

Black had a serious girlfriend; he intended to abstain and wait until they were married before they began a *safer* sexual relationship. His decision was important to him as he believed he should *practise what you preach* and as a Boys2Men peer educator he encouraged male youth to abstain from sex until marriage for HIV-prevention.

We'll practise safe sex – for now we not having sex we want to get married, like it's good to practise what you preach.

Orange, Yellow, Green and Black had varied reasons for and against engaging in sexual relationships. These included abstaining from sex for HIV-prevention and believing that sex before marriage was wrong. Green's belief was that sex when in a committed relationship was acceptable and sex outside a committed relationship constituted risky sexual behaviour.

The researcher was of the opinion that Green's belief in having sex in a committed relationship points to his understanding of how having multiple sexual partners can increase the risk of HIV infection. The percentage of young people between the ages of 15 and 24 who engage in multiple partner sex and who used a condom at last sex, is reported as 47 per cent among men and 32 per cent among women at last sexual encounter (UNICEF 2011:20). Sex education provides information on the risks of multiple partners. According to UNICEF (2011:3,20), effective HIV prevention includes having only one partner.

Navy Blue concurred with Green's view on sex before marriage. He also believed that marriage should prevent people from having multiple and concurrent sexual partners. However, he was of the opinion that married people were inclined to engage in multiple sexual encounters. He perceived this as wrong.

It is wrong when you have sex before marriage and it is right when you have sex after marriage, but with your partner -by that way of sticking to one partner.
No, people don't stick to that – nowadays while they are married they don't do that they don't stick to one partner which is wrong.

Red believed sex to be a big responsibility. He spoke about the pressure to have sex and how one needed courage to resist it. Red indicated cultural and traditional linkages to social constructs of being a man and his ability to overcome this by reconstructing his social reality (Joffee 1996:169-190). He understood the realities

within his culture of a man having sex and the stigma attached to not having sex. Red's ability to overcome cultural beliefs is in line with the Social Constructionist Theory assumptions that acquiring new information can influence an individual's beliefs (UNAIDS 1999:36-36).

> *It's a very good thing to abstain from sex because for one to have sex is a very big step it's not everyone who gets – so it takes a lot of courage and too many stigmas out there and difficult to resist.*

In the same way as the participant above, Black also believed that culturally there were pressures to be sexually active in order to be accepted as a man, and he believed this. He too had reconstructed his reality of being a man. This is indicated below.

> *I was one that believed to be a man you must sleep around, you know that why I think I did those things – it's not like natural, it's a cultural thing. Being sexually active doesn't make you a man.*

As illustrated by both Red and Black, many traditional societies encourage men to have multiple partners as a sign of manhood; this undermines safe sex messages (Nzewi 2009:9) and increases the risk of HIV.

Within the context of the Social Constructionist Theory, a person's reality is influenced by society and culture and is reflected in their beliefs. Social and sexual interactions between men and women reflect behaviour driven by social constructions of gender and determine the roles they take on as men and women (Joffee 1996:169-190).

The above participants acquired new information relating to HIV-prevention from the Boys2Men programme. The new information and knowledge they acquired challenged their world view and allowed them to construct a new social reality which ultimately helped protect them against HIV. These findings are in line with those of Simons-Morton *et al* (2012:28-29) that new information and knowledge can influence structural and cultural beliefs.

4.3.1.2a Sexual attitudes and behaviour with regard to HIV-prevention

The participants' sexual behaviour and what influenced them were explored with regard to their perceptions of contracting HIV (see Interview Guide Appendix D). They were asked why they felt they were safe from contracting HIV and if not, why they felt they were at risk.

Orange believed he was well informed about the risks of HIV and AIDS and had been informed through the Boys2Men programme on how to protect himself from HIV.

> *Cause I have – I am getting – they are teaching me about those stuff I am getting lessons about HIV. B2M is giving us information what's wrong and what's right what to do and what not to do.*

Purple spoke about *bad* [misinformed] boys that were having sex without using a condom. But since being on the Boys2Men programme the misinformed boys were now using condoms. According to Purple, changed sexual behaviour had taken place among the youth that participated in the Boys2Men programme and the programme had influenced them to practise safer sex by using condoms. This is consistent with the Theory of Reasoned Action assumptions that increased knowledge and information can influence intention to change behaviour.

> *Very, very bad boys on B2M that are having sex without condoms and quite a number have changed.* [Since having taken part in the B2M programme]

Purple had participated in the Boys2Men programme for five years and was fully informed of the risk of contracting HIV during sexual intercourse. His sexual behaviour indicated his knowledge of HIV and his intention to practise safer sex by using a condom.

> *We use condoms – Ja*

Red understood the risk of contracting HIV by having unprotected sex and gave reasons for his intention of only engaging in sexual activities with a condom. He had had two girlfriends and had always used condoms.

> *I think we knew of HIV – the first thing that comes to mind about HIV if you do unprotected sex* [without a condom] *that is the way you can get HIV, yes I knew about it – we used a condom.*
> *I had only two girlfriends always used a condom.*

Light Blue understood how to protect himself from HIV by using a condom; he intended to have sex only once he was married. He believed in being faithful to one partner and to know your partner's HIV status before engaging in a sexual relationship. He came across as well informed and sexually responsible; he had the correct knowledge with regard to HIV-prevention.

The perception that risky behaviour could occur when one was under the influence of alcohol was understood by all the participants. For example, the fact that one may not use a condom when under the influence of alcohol is related in the narrative below.

> Ris*ky behaviours I understand that umm that umm- what I heard about the things that people* [frequenting taverns] *... something like that – just can't have unprotected sex with someone you don't know or don't trust it's highly risky. Like just know when something happens – can't do this it's risky.*

Moodley (2010:19-21), Machimana (2012:19-22) and Makhubu (2013:4) discuss the role of alcohol and substance abuse and their contribution to risky sexual behaviour. The loss of inhibitions plays an important role in casual sex and ultimately increases vulnerability to HIV-infection. The participants regarded the community youth's behaviour at taverns as risky which concurs with the views of the above study.

Black spoke about his sexual experiences while being on drugs and abusing alcohol. This was a difficult period of his life and during this time a friend committed suicide.

Black was extremely emotional while relaying his story. His voice trembled and he pressed his fingers with each hand; his knuckles turned white. He was sharing a very personal and difficult part of his life.

> *Like after school I drank alcohol, stuff like drugs. My stepfather talked to me, I remember my first alcohol was castle larger – I started sleeping around at age of 14 – younger girls. Not safe sex – I didn't know about HIV, I didn't have much information about all the things, and then, ahh I missed a lot of parts, like I also tried cocaine. I had this friend of mine he was a white guy his father was abusing him and he had a friend who had connections who sells drugs, weed, we even tried using weed by doing a cake with weed.*
> *Oh my friend passed away, 4 years ago he killed himself.*

According to the interviews, several of the participants had engaged in risky behaviour as teenagers. Although they now had information with regard to HIV-prevention through participating in the Boys2Men programme, at the time that they engaged in risky behaviour they were not aware of their vulnerability to HIV-infection. Other youth in the community do not have the necessary HIV information to protect themselves.

Most of the participants had a good understanding of their susceptibilities to HIV. They understood the risk of contracting HIV when engaging in unprotected sex with a person living with HIV.

4.3.1.2b Sexual attitudes and behaviour on other sexual matters

Red did not want to have a child before he was financially able to support it. He used a condom to protect against HIV and to prevent an unwanted pregnancy.

> *For unprotected sex for me it is something else it is not only about HIV could be pregnancy because I know where I come from and have a vision of where I'm going and don't want to make a mistake to bring a life into this world.*

It was important to him to focus on and complete his studies before starting a family. Red displayed the ability to think critically and he had a good sense of purpose regarding his future.

> *You sort of have to work hard for you to have a decent lifestyle whoever you might consider supporting financially, so if I still a student and have to give money so it's just a different focus so you just bring life into this world and something I wouldn't want to do as I seen how tough it is for most kids. If you bring a child into poverty- there are a lot of things that are going to influence the person's life in a negative way.*

He had strong views on the obligations of a parent and the need to provide financially for a family. He did not want to bring his child up in poverty and understood the vulnerabilities experienced by a person brought up in poverty.

Orange had similar views to those of the above participant and also believed it was important to wait until marriage to have sex as sexual intercourse could lead to pregnancy or HIV infection. He felt it was important to be working and independent before engaging in any sexual relationship.

> *I think it is right to have sex be married try to get married - work be independent – if you do it you will be influenced too much because if you have sex at 15 or 16 you will have a child or HIV.*

The researcher is of the opinion that the Boys2Men programme influenced Red's and Orange's sexual beliefs and behaviour and provided them with critical life skills which influenced their behavioural intentions.

Light Blue also believed that a person should wait until marriage before engaging in sex. He had been part of the Boys2Men programme since he was 16 years old and now as a 19-year-old young man he had a good understanding of the risk of HIV through unprotected sex. He believed in knowing one's HIV status and being HIV tested with a potential sexual partner before embarking on a sexual relationship.

What I understand you have to wait until marriage before getting into sex – if you sexually active using a condom is the only safe way to avoid STIs and HIV. You don't have to sleep around, get to know the girl first and go for an HIV test together. It's better to discuss it with a girl before sex.

Yellow understood the risk of contracting HIV through unprotected sex. At school he had learnt the importance of *ABC* (*abstain*, *be faithful and condomise)*. ABC was once the leading HIV-prevention strategy and advocated a holistic approach to HIV-prevention such as distributing condoms and providing sex education (Averting HIV and AIDS [AVERT] 2014:1). Many sex education and HIV awareness programmes promote ABC in school settings; these programmes are essentially HIV-awareness programmes and have a limited life skills component (WHO 2006:220).

Like mostly like through unprotected sex [contract HIV] – even when I was at school practice ABS abstain be faithful condomise then you can't contract HIV.

Yellow indicated the importance of being tested for HIV and knowing one's HIV status.

HIV not like if you tested, you go and get tested

The above comment also reflects the findings of UNICEF (2011:9) that abstinence programmes that promote condom use as a safer sex strategy are effective in reducing risky sexual behaviour.

Four participants, Purple, Light Blue, Black and Yellow spoke of the risk of contracting HIV through the exchange of contaminated blood. Purple worked as a volunteer at the Waterberg Welfare Society's youth centre and felt he was at risk of contracting HIV by working with the children at the Centre especially if they had an open wound.

I think I could be infected by the virus because there are some kids who have HIV at WWS and I just love playing with the kids – so maybe – I

like touching them and holding them and maybe they have an open wound on the child's body that somehow their blood can come into contact with me.

Similarly Light Blue understood the transmission of HIV through the exchange of contaminated blood and through sexual intercourse with an HIV-positive person. He intended to practise safer sex as he said he had the knowledge of how to protect himself from HIV. He believed the only way he could be at risk of contracting HIV would be through contaminated blood.

Umm you can get infected in many ways you never know. What I know, I don't think I will ever get it from sexual intercourse because of all the information I have. Maybe if someone is bleeding that is the only way.

Black voiced his concern about cultural circumcision. He believed that traditional healers might not use a sterile blade with each circumcision performed.

The possibility is that there is a HIV person there [cultural circumcision] *you don't know and they use the same blade on you and you can find you can get it.*

He understood the risk of HIV-infection if there was an HIV-positive person being circumcised in the group through the exchange of blood and the possibility of the traditional healer not using a sterile blade. According to UNICEF (2011;1), HIV infected blood could lead to HIV transmission during non-medical male circumcision through the use of non-sterile equipment.

Yellow also believed cultural traditions such as cutting during cultural male circumcision and traditional healing procedures by traditional healers could increase the risk of HIV-infection. He explained how traditional healers would cut a patient in a particular way and make them bleed as part of a healing process. He was concerned as traditional healers did not always use a sterile blade with each person. He

understood the risk of contracting HIV through unprotected sex with a person living with HIV and contaminated blood.

> *Culture – traditional healers like they say they cut you with a blade and then maybe before someone is there with HIV and then you come and cut you. After they cut they put something – I had a friend that told me that they cut him something and when blood comes out they wipe it.*

Purple believed he could be infected by touching an infected child that had an open wound. This would be highly unlikely. However, if the child living with HIV was bleeding profusely there could be a risk. Activities such as traditional circumcision and cutting for healing purposes by a traditional healer, as explained by Yellow above, were areas of concern for the participants. They understood HIV transmission through the exchange of contaminated blood as well as by engaging in unprotected sex. Although HIV can be transmitted through contaminated blood, it is mainly transmitted sexually and STIs increase its transmission (UNICEF 2011:27). The participants were well informed about the risks of HIV transmission through HIV-infected blood, the use of non-sterile equipment and unprotected sex.

The participants reported that traditional cultures were widely practised in the community. Although community members had correct HIV knowledge and information, they believed community men still relied on traditional medicines for cures.

> *Prove because some people live here in their cultures and those people told are by* [traditional healers] *elders [to] not only listen to the information they come up with. They just want to experience what they hear from their elders in their cultures.*

One participant from the focus group explained:

> *So that the issue of culture plays a very big rule – if you sleep with a virgin then you going to be cured ... if they given enough information and some people just believe in the elders and if a number of people*

believe what is happening quite a lot of people believe what the elders tell them so they listen to the culture and go and do it, it's a tradition.

The narratives emphasise the myth as discussed above that having sex with a virgin could cure HIV.

Ja ja find a virgin – so if I go with this child 9 years she is still virgin and I can have her. So they go with girls that are young. People have this mentality if you HIV positive and you sleep with a virgin you get cured.

The participants believed that men were motivated to seek out a young girl to have sex with because they would not believe a woman of 18 years could be a virgin.

Person not going to look for 18-year-old cause won't believe she's a virgin so they look for a young child.

The participants were asked whether community members still held the belief that sex with a virgin cured HIV. They perceived the belief was still exercised and was the reason for men intending to have sex with girls. This is consistent with the literature; Nzewi (2009:17) discusses the myth among men in many traditional societies in Africa that sexual intercourse with a virgin cures HIV. This belief perpetuates sexual violence against women and children as young girls and women would be forced to have sexual intercourse to *cure* HIV.

I think other people still think that they do – this is such a small place there is not much to do so they talk about this. Is a competition – they just go with a girl who is a virgin. Cause nowa days they like young girls.

The participants were asked whether they believed that community people had information regarding HIV infections. All participants believed people had information regarding HIV but chose not to take the messages seriously.

Ja, I'd say it is most people will give information to and during our programme and people don't want to know but want to experience what they hear – like sleeping with a virgin people aren't adjusting when they have information they just want to prove.

The response indicated that members of the community chose not to take HIV information seriously or to ignore it. According to the Theory of Reasoned Action, new behaviour can be learnt. However, if the correct information is not relayed in an age appropriate way or is not understood, this could impact on the learning.

It's not like they don't have the information they just...

Fishbein and Ajzen (1975:369-373) argue that intention is a major component of the Theory of Reasoned Action and that individuals often act upon their intentions which are influenced by their beliefs and attitudes. Despite being informed about HIV-prevention, the community males presumably act upon their cultural beliefs with regard to HIV. According to the Theory of Reasoned Action, the introduction of new information can have a positive influence on risky traditional beliefs. However, it is up to the individual to act upon the new information in order for it to influence their behaviour.

The above narratives explored the difficult context of the traditional beliefs and culture of sex with young virgin girls. These beliefs have unprecedented implications for society and to provide detail on this goes beyond the scope of this study. However, based on the Theory of Reasoned Action assumption that the introduction of new information can change behaviour, a range of behavioural change strategies is required to change dangerous cultural beliefs around HIV. This study explored the participants' beliefs, attitudes and behaviour in the context of HIV-prevention, and emerging themes such as the myth that HIV is cured by having sex with a virgin, provided evidence that the participants were aware that some traditional beliefs could increase a person's vulnerability to HIV. In this context it is assumed that the participants of this study were influenced by the new information they had received from the Boys2Men programme.

4.3.1.2c Risky behaviour and HIV

Black was sexually active and he had engaged in risky sexual behaviour in his younger years.

> *I started sleeping around at age of 14 – younger girls. Not safe sex – I didn't know about HIV, I didn't have much information about all the things, and then, ahh I missed a lot of parts, like I also tried cocaine.*

Risky sexual behavioural patterns among youth have been well documented and render youth vulnerable to HIV (UNICEF 2011:2-4). Information on the risks of promiscuous behaviour is provided in HIV-awareness programmes to reduce the vulnerability of youth to HIV (Nzewi 2009:9). Black engaged in risky behaviour at a young age, before he was exposed to the Boys2Men programme.

> *I started attending WWS* [B2M] *2005 it was August and one of the guys at the tavern said please come and join us and then I started and got more information and life skills and like my life started to change then.*

Black confirmed his HIV-negative status.

> *It was very difficult when I think about things I did in the past I was so scared but luckily we had people like July* [B2M peer counsellor] *and that is when I went to be tested and was so relieved* [HIV-negative] *and decided and went home – I never do that* [unprotected sex again]–

4.3.1.2d Exposure to HIV

Black's sister was living with HIV and her illness had given him the experience of working and living with a person living with HIV.

> *I became a poet and I was looking after my mom and my sister had HIV by that time, she got HIV she was 25 and I was looking after her. She attended treatment.*

Black explained how antiretroviral drugs can allow one to live a healthy and fulfilling life and that he had experienced HIV first hand. Black shared how HIV had touched his life:

> *She is fine and she is getting married next year. I motivated her and showed her how long she can live and she can live like everything and most of the people who are HIV – she is happy now and happy family with her husband.*

Black was very emotional while he relayed his earlier days of alcohol, drugs and unprotected sex. The researcher observed his fear, and then the pride in his voice as he spoke of overcoming his risky behaviour. It was clear that he understood the risk he had put himself under and that his experience had given him the maturity and wisdom to understand the dangers of youth. According to Abramjee (Pretoria News 2012:13), stigma towards HIV has increased in rural areas. However, Black was quite relaxed to speak about it even though he was directly affected by it.

> *I was looking at things I also went through* [drugs and alcohol], *it was painful but that was when my life was starting to change and I was seeing things differently and I decide to write the poem and how I changed ... I arrived at this point and stayed in school and during school ... I won a competition in* [magazines] *loveLife and in Uncut.*

Yellow elaborated on HIV in the community and the stigma surrounding it. He knew people that were infected and were on antiretroviral treatment.

> *There is still stigma people hide it – I know people who are infected and on ARVs. They go to the clinic. Not everyone talks about it but some disclose as there is too much stigma.*

He pointed out that he did not treat a person living with HIV any differently.

> *No difference if people have HIV.*

Navy Blue had similar experiences to those of Black before he joined the Boys2Men programme.

> *Yes I had a girlfriend – not my first it's my third girlfriend I started drinking I became sexually active. I had casual partners there were three at the same time.*

According to Navy Blue, taking part in the Boys2Men programme had influenced him to understand his HIV risk and provided him with the information he needed to change his attitude.

> *The programme* Boys2Men *it worked for me a lot a lot. It changed my life from drinking alcohol going to taverns to having too much girlfriends, and then it taught me to take time on myself.*

Navy Blue felt that his attitude was an important feature in changing his risky behaviour and had influenced him to invest in his future.

> *If you have 100 per cent the right attitude you will see changes in your life. I remember last year they gave me a formal suit because of my attitude a positive attitude the manager got me those things. It taught me good things will follow.*

The Boys2Men programme provided the participants with HIV information and life skills to make informed decisions with regard to their risky sexual behaviour. They were driven by the need to be socially accepted by their peers and this led to their risky behaviour, Simons-Morton *et al* (2012: 103) argue that youth are influenced by their peers and this compels them to act out socially expected behaviour. Their behaviour and attitudes are aligned to the Theory of Reasoned Action which purports that behavioural intention provides relative assurance that a person will perform that behaviour (Fishbein & Ajzen 1975:369-373). The participants above intend to practise safer sex and not engage in risky behaviour and according to the assumption of the Theory of Reasoned Action there is relative assurance that they will act out their intended behaviour.

The Theory of Reasoned Action attempts to explain the relationship between beliefs, attitudes, intentions and behaviour. According to Fishbein and Ajzen (1975:369-373), the theory is based on the assumption that human beings are rational and will make use of available information to adopt new behaviour. Attitude consists of beliefs about the consequences of the old behaviour in relation to the new. The Boys2Men programme has provided the male youth with new information and they intend to use this information to perform HIV preventative behaviour. The theory's most immediate determinate of behaviour is behaviour intention (Simons-Morton *et al* 2012:112-113).

Fishbein and Ajzen (1975:369-373) further argue that attitude consists of beliefs about the behaviour and the repercussions of the intended behaviour. It is, therefore, argued that new information and knowledge can influence an individual's world view to adopt new and changed behaviour (Mantell, DiVittis & Auerbach 1997:185). This was emphasised by Navy Blue who argued his new attitude would allow him to live an easier life. The participants' bounded rationality was revealed by their intention to abstain from or practise safer sex and refrain from risky behaviour to protect against the risk of HIV since acquiring new information through the Boys2Men programme.

4.3.1.3 HIV programmes that influenced the participants' beliefs and attitudes

The above interviews indicated the participants' understanding of HIV and AIDS and their knowledge of how to protect themselves against contracting HIV. In order to explore whether the Boys2Men programme had influenced their sexual beliefs, the participants were asked whether they had had any previous knowledge of HIV before attending the Boys2Men HIV awareness programmes (please see Appendix D Interview Guide).

Yellow indicated that he had received sex education at school during Life Orientation classes. Issues such as substance abuse, teenage sexuality, sexually transmitted infections and HIV were taught (DoE 2011b:8-10). He also learnt about sex through *loveLife*, an outreach HIV programme which came to his school. He mentioned that people in the community also talked about sex.

> *There was this programme* [loveLife] *at school – they were talking about HIV, teacher's life orientation* [sex education]. *Basically the community people were talking about it; loveLife came to school with pamphlets and talked to us. The headmaster only gave them once per week 'cause they had to see other classes. After 2011 I came to the loveLife programme* [at school].

> *My girlfriend wanted my status and like knowing you want to abstain. We both young and know what we can.*

He learnt through Boys2Men that condoms were not always safe as they could burst. He believed that the Boys2Men programme had helped him to ignore negative peer pressure at local taverns to abuse alcohol and have sex.

> *They just say abstain they don't go for condom they say condoms are not safe- they can burst. We are responsible men and most people want to be responsible and accountable. And when it comes to alcohol -when someone's drunk that he...*

Yellow believed he was a responsible and accountable young man and enjoyed the company of other Boys2Men members as they socialised and supported one another. He indicated that the Boys2Men participants had a special bond with one another.

> *So through these programmes they teach us when we are B2M guys we hang out together and we help together.*

Green was about 14 years old when he first received formal sex education through the Boys2Men programme outreach awareness activities.

> *I think 2005* [B2M came to the school*] – grade 8 or 9* [school grade] *I am 22* [years old] *so* [I was] *about 14*

The Boys2Men outreach programme encouraged Green to learn more about HIV and AIDS. He had gone to his local library and come across more information on sexual matters. The loveLife magazine was available at the library and he read about people living with HIV and their life stories.

> *loveLife magazines, after WWS not before – we used to get them at the, library at municipality loads of information sexual behaviour and those types of things, people and life stories and those kinds of things.*

He learnt more about HIV and AIDS for the first time through his involvement with the Waterberg Welfare Society's Boys2Men programme when he joined in 2007. He related how he was frightened by HIV and AIDS until he learnt that the Waterberg Welfare Society was helping people living with HIV.

> *Uhh ja – no, before B2M no. I know HIV when I joined WWS they called it People of AID then I was so scared at first.*

The Boys2Men programme was effective in providing information on HIV and AIDS to Green. Through the programme he learnt that ARVs could treat people living with HIV to live healthy lives.

> *– at WWS* [B2M programme] *we actually, WWS is helping these people so that when I realised this thing.*

According to UNAIDS (1999:34), HIV interventions provided by peer counsellors in a community setting and targeting risk behaviour and knowledge, have been seen to be successful in providing accessible HIV interventions to youth. The HIV information that Green obtained through library research was not as effective as what he learnt through the Boys2Men programme. The Boys2Men peer counselling programme is in line with successful interventions such as those mentioned in UNAIDS above.

Green was about 14 years old when he first encountered HIV education through the Boys2Men outreach programme activities. The literature such as UNICEF (2011:7) stresses the importance of engaging young adolescents in sexual education as an

HIV preventative measure. The HSRC (2009:40) states that 13 per cent of adolescents start sexual début before the age of 15, and they are then at high risk of contracting STIs, which has major implications for HIV. Learning about HIV and AIDS at the age of 14 as Green did, could be problematic owing to the above sexual début statistics. It is, therefore, critical that adolescents and youth be given sexual information at an earlier age. HIV information that addresses their sexual knowledge and self-efficacy is important to protect against HIV but should be provided at an earlier age.

Navy Blue received sex education at school. He pointed out that he had not taken it seriously.

> *Before* [I joined B2M] *WWS* [brought B2M outreach HIV awareness to school] *they were coming to the school – the teachers they were telling us* [about HIV- prevention] *but we were not taking it serious.*

He also learnt about HIV-prevention on a television programme. However, he admitted that although while watching the programme it had impressed him, once he went out into the community, he did not practise what he had learnt about safer sex and HIV-prevention.

> *I was seeing on TV – programmes of umm called them Ekasi, as well they told us that if we lead a* [HIV] *negative life we will have a negative result. I have forgotten the other names of the programmes.*

UNICEF (2011:10-12) stresses the importance of sex education being age appropriate and delivered in a safe and nurturing environment. Sex education that is not age appropriate will not provide the youth with information and knowledge on how to protect themselves from STIs and HIV.

As Navy Blue explained he was not impressed by the sex education he received, and it did not impact on him; this could be due to the education not being age appropriate.

> *I was 18, it did influence me by the time I watching TV* [HIV programme], *but when I go out it remains on the TV* [forgot what I learnt].

According to WHO (2006:90), sexually active youth require HIV messages that are appropriate and relevant to target their risky behaviour rather than risk reduction messages. The researcher believed that Navy Blue was perhaps too young to absorb the sex education he received at school and this was why it did not impact on his behaviour. Navy Blue's lack of interest in sex education was in line with the UNICEF (2011:10-12) argument above that sex education must be age appropriate. The Boys2Men education programme on HIV was more aligned to his age and specific needs and was, therefore, more successful in influencing and impacting on his behaviour (Waterberg Welfare Society 2014).

Orange was around 14 years old when he received his first formal sex education. The *Brothers for Life* and *SuperSport* outreach programmes were the two programmes he encountered.

> *I was doing Grade 8 around 14* [years SuperSport outreach] *and the other I was 18.*

He was living in Johannesburg at the time.

> *Yes, in Johannesburg we had HIV play SuperSport – I think they were talking about how to abstain, getting yourself HIV positive- and also last year Brothers for Life - two programmes.*

The programmes focused on abstinence for HIV prevention, gender issues, and encouraged HIV testing.

> *Brothers for Life first taught me about how to respect your partner – also in your relationship never to lift your hand to a woman and to always to know about your status and her status.*

He had very little sex education while at school and did not learn about HIV prevention. He admitted that he was not interested in sexual matters at that stage of his life and soccer took precedence.

> *No HIV course. At school tell us about* [sex] *twice. I was also like only interested in soccer and my family and thinking just be happy.*

Light Blue related the sex education he had received through the Waterberg Welfare Society Stepping Forward and Boys2Men outreach programmes and information he had received while at school. The programmes included abstinence, HIV-prevention, and information on STIs. An HIV-positive couple addressed his class and this made an impression on him.

> *Information from WWS, Stepping Forward, B2M* [all WWS programmes] *and school – we learnt about STIs and how to avoid them and staying away from sex.*

Like many of the participants, Light Blue also encountered the HIV programme loveLife at school which was developed to target youth. However, a study by Martins-Hausiku (2007:72-73,78) maintains that loveLife's HIV messages are more aligned to urban youth and that rural youth cannot fully identify with the meaning of the programme's messages.

> *loveLife came to school to talk to us – they came like now only grade 8 and grade 9, maybe they came twice a week last year 2nd term till the 3rd term.*

He was in grade 9 when he received HIV information through the loveLife HIV programme. He explained that a man and woman living with HIV addressed the school and informed the learners about their life living with HIV. Light Blue felt it was helpful to learn first-hand about HIV and especially from someone living with HIV.

> *[loveLife] they came to school and told us about it. Someone was infected with HIV and told us how life was – it was a man and a lady. I*

think it was also helpful to other people to hear from someone experiencing this.

According to the interviews, the participants had received information and displayed knowledge of HIV and AIDS through attending HIV awareness programmes. They understood the risk of contracting HIV during unprotected sex and the risks of negative peer pressure and risky behaviour such as multiple sexual partners and alcohol and drugs.

The participants were asked how they understood HIV and AIDS. Red understood the risk of having unprotected sex and becoming infected with HIV through information he had received by attending HIV awareness and education programmes provided by the Boys2Men programme. He mentioned learning the importance of using a condom for safer sex. Red said he always used a condom when he had sex.

Yes I knew about it – we used a condom. I had only two girlfriends always used a condom.

He went on to explain about what he had learnt about unprotected sex through attending the Boys2Men HIV programme.

I think we knew of HIV [B2M] *– the first thing that comes to mind about HIV if you do unprotected sex that's the way you can get HIV.*

Green believed unprotected sex to be risky as one could be infected with HIV. He believed it was important to know and trust the person you had a sexual relationship with.

Risky behaviours I understand that … ahh … that ahh – what I heard about, the things that people ... something like that – just can't have unprotected sex [sex without a condom] *with someone you don't know or don't trust, it's highly risky. Like just now when something happens* [HIV] *– can't do this it's risky.*

He explained he had been influenced by the Boys2Men programme to understand the risks of being infected by HIV through unprotected sex.

> *No most of them I learnt at B2M. I know when they – like – and this is, do it – without thinking*

The participants above understood their risk of contracting HIV by having unprotected sex and explained they would use a condom when having sex.

4.3.2 Activities that were offered to the youth through the Boys2Men programme to influence their beliefs, sexual attitudes and behaviour patterns

In order to encourage young males to join the Boys2Men programme, regular and diverse activities were offered to motivate their attendance. Activities such as soccer, life skills programmes, youth camps, leadership training as well as spiritual programmes were offered to the youth (Waterberg Welfare Society 2014:1). In this way they did not experience the Boys2Men programme as essentially an HIV programme as it also provided recreation and life skills development.

Pargament (2011:5-6) emphasises the impact of spirituality on ordinary people's lives. He argues that spirituality has many functions and is used not only to provide strength at times of emptiness and emotional crises but also as a major part of everyday life. It crosses the divide of love, caring, relationships and emotional strain. Two of the participants were orphans and many lacked close parental relationships This could contribute to their need for spirituality to find strength and meaning in their lives following limited parenting or the loss of a parent.

The Boys2Men programme activities in the form of sport, spirituality or life skills provided the youth with healthy pastimes, while at the same time critical HIV information and education were offered to influence their sexual beliefs and behaviour. UNICEF (2011:11-15,18) stresses the importance of addressing life skills as well as attitudes and behaviour of the youth when delivering HIV education and argues that the youth from poor rural communities are often bored and use sex as recreation. Likewise, Simons-Morton *et al* (2012:28-29) maintain the importance of

addressing traditional social and structural factors in order to influence sexual behaviour. The Boys2Men programme is consistent with the literature regarding more success in multi-focused HIV interventions in that it addresses not only the youth's vulnerability to HIV, it works in a multi-dimensional way through providing the youth with HIV information as well as life skills and recreation. The diverse activities offered are used to encourage the youth to attend the programme on an ongoing basis and to influence their beliefs, attitudes and behaviour and decrease their vulnerability to HIV.

UNAIDS 2012 (11, 32-35) stresses the importance of multi-focused HIV programmes to influence the sexual behaviour of youth, and studies by Harrison *et al* (2010:10:102) demonstrate that when HIV interventions are combined with at least one social or structural risk factor such as gender, poverty and alcohol, programmes bring about intention to change sexual behaviour among the participants.

Orange and Yellow were both keen soccer players and their inputs were consistent with the literature above concerning the positive influence of multi-focused HIV programmes.

Pink, working as a Boys2Men peer educator, acknowledged the impact of sport, and especially soccer, on the youth, both in terms of recreation and for the community to attend. He recognised that soccer could act as a vehicle for Boys2Men HIV programmes to influence young people's sexual behaviour and attitudes in the context of HIV. And the power soccer had in bringing young people together. The Boys2Men soccer games offered him an opportunity to provide the youth that attended the games with HIV information, as after the game the Boys2Men peer educators would speak to the youth spectators about HIV prevention. He acknowledged the pride that had developed among the Boys2Men soccer players through their participation in the Boys2Men team which advocated HIV prevention; this influenced their behaviour and encouraged them to advocate HIV awareness among the community youth too.

Pink, a Boys2Men peer educator, explained:

> *Soccer is where we find the most difficult people to* change [sexual behaviour], *that's what I like about soccer. They want to become profession football players with their attitude and they have talent. Today soccer* [B2M soccer team], *we can make a real impact on those boys – most people enjoy soccer. The community come to watch...*

He went on to explain how Boys2Men soccer games gave him an opportunity to provide HIV information to the youth spectators

> *We just watch* [the community youth spectators] *and then after a while we tell them* [HIV information] ... *we talk in a group. The girls will just give guys* [B2M soccer players] *their phone number ... our guys* [B2M soccer players] *say talk to my manager* [B2M peer educator] – [I say to the B2M soccer players] *just be proud of what you doing* [sexual attitude] *and be inspired by what you are* doing [responsible sexual behaviour].

Yellow heard about Boys2Men while at school and he joined the Boys2Men programme in order to play soccer. The Boys2Men programme provided Yellow not only with HIV information which increased his knowledge of HIV-prevention but he was also able to play soccer with the Boys2Men team.

> *Heard about B2M* [HIV programme] *at school and when I finished matric I was just at home. At B2M* [HIV programme] *there was a soccer team and I like the things they doing* so *I tried to play soccer with them*.

Pink went on to explain:

> *Soccer, volley ball and basketball* [B2M sport], *the most interesting activity is [B2M] soccer – I like the way it changes* people [influences beliefs, sexual attitudes and behaviour through HIV-prevention programmes] *and brings them together most boys like soccer.*

Orange felt the same way as Yellow; he too had joined Boys2Men in order to play soccer. He spoke about the friends he had made through the Boys2Men activities and how they had become like a family to him.

> *I'm happy I'm getting this [HIV] information from my family my soccer friends, and I also have friend that are young and I want them to look up at me and be happy. We at B2M are friends and family.*

The above quotation emphasises the actions of the Boys2Men participants as young men who are inspired and proud Boys2Men soccer players

Boys2Men kept Orange occupied on a daily basis and he enjoyed the games, travel and meetings. He had also learnt about good and bad behaviour, relationships and HIV-prevention. HIV-prevention awareness and information learnt through Boys2Men were important to him as he believed that his younger friends now looked up to him because of the manner in which he conducted himself.

> *Every day I go to B2M of my life. We have soccer team and we have meetings on Friday – it's training Tuesdays to Thursdays and Friday we have meetings.* [B2M peer educators] *teaches us about what is wrong, what to do in relationships, HIV, smoking – each and everything that is happening in the community and out there with youth. Some games, sometimes we travel – last year we went to Johannesburg-*

Participants reported a keen interest in gospel singing which was satisfied through their participation in the Boys2Men HIV programme as activities included gospel singing and bible reading. Although the Boys2Men programme is not a religious programme (WWS 2014:1), evidence of Christian social values was observed through the participants' quotations.

Although Yellow was motivated by his interest in the game of soccer to join the Boys2Men programmes, he related how he was *spiritualised* through the Boys2Men programme and provided with information on HIV and AIDS.

> *I joined the township team that's where I played soccer – that's where I heard about the B2M soccer – so I went to the B2M programme and then I became B2M and they tell us what happening* [HIV awareness] *and spiritualise us.*

Navy Blue was a gospel singer, and believed that he had strong Christian beliefs. He had engaged in risky sexual behaviour such as unprotected sex and had abused alcohol as a teenager. He had recently been appointed (January 2014) to assist the Waterberg Welfare Society and worked on the Boys2Men programme. He wanted to encourage youth to avoid alcohol and risky behaviour to protect themselves against HIV-infection. He believed he could influence them through HIV-prevention awareness and Bible study as well as by relating his life story about risky sexual behaviour and how he had exposed himself to HIV.

> *What I am going to do at B2M – I am going to tell the guys about my life* [and HIV-prevention]*and 'cause I don't want them to be like me, I want them to learn from my mistakes* [alcohol abuse and risky sexual behaviour] *not to learn from their mistakes. Simple way to convince them – the Bible. We spend a lot of time with the Bible.*

The interviews indicated the participants' interest in gospel music and spirituality. Some of the participants referred to it as Christian values, others as spirituality. Studies by Glanz, Rimer and Viswanath (2008:360) focus on the *Truth Campaign* in which spirituality becomes a vehicle to influence behaviour change. Similarly, the Boys2Men programme appears to have a strong thread of *spirituality* that is used as a channel to influence beliefs, attitudes and behaviour.

The participants spoke enthusiastically about the Boys2Men programme and how they felt like family towards one another as well as how the programme had influenced their sexual beliefs and attitudes. The participants displayed pride in being part of the Boys2Men programme and shared their experiences openly. It is felt that the more open youth are with regard to the risks of HIV the more at ease they will be to conduct safer sex practices.

Black relayed how the Boys2Men programme had positively influenced the bullying behaviour of one of the Boys2Men participants who now worked at Waterberg at the Welfare Society in HIV awareness outreach.

> *Looking at the [*B2M] *soccer like – this one guy his talent was like playing soccer and he was such a bully – but he changed because of the project and he now highly appreciated B2M – he is completely changed* [his behaviour]. *He's going and motivated and teaching people about HIV – he changed [behaviour towards HIV-prevention].*

With excitement in his voice, he mentioned that 13 of the Boys2Men youth wrote and passed Matric in December 2013. He perceived that the Boys2Men participants had been influenced to change their attitudes and behaviour regarding HIV-prevention through the programme.

> *(Smiling) I'd say yes most guys this year we had 13 guys that did good at school* [passed Matric]. *It's awesome to see people change* [behaviour towards HIV-prevention] – *and how a football player can change his attitude* –

Yellow was also enthusiastic about the Boys2Men soccer activities and the other Boys2Men activities such as HIV-prevention training that he took part in. He also commented on how the Boys2Men programme had taught him to develop from being a boy to that of a well-informed young man who could be a good father in the future.

> *We have camps not just soccer – they teaching you how to be a better man they are teaching me to be a man from boy to man. To be an accountable man, a father* [through HIV-prevention training].

Rural youth are affected by poverty and have limited opportunities to enjoy recreational activities (SANAC 2011:35). The Boys2Men programme provides the youth with opportunities not only about learning about HIV and AIDS but also enjoyment of recreational activities such as soccer that would otherwise have been unavailable to them. Activities such as life skills and soccer act as catalysts to

influence and change beliefs and behaviour regarding HIV-prevention. It is apparent from the above interviews that soccer encouraged and motivated the participants to be focused and interested in attending the Boys2Men programme.

Purple did not play soccer but understood the importance of the game as a vehicle through which the rural male youth could be reached for HIV-prevention and awareness programmes. He mentioned that the community youth enjoyed soccer, and how it provided a good opportunity to get the youth together on an ongoing basis so that Boys2Men could provide them with awareness of HIV and other issues such as alcohol and substance abuse.

> [B2M] *Soccer helps boys – boys in the community love soccer so what I heard they tend to adapt to the B2M and have some change. We discuss issues every Friday, HIV, alcohol abuse and the other issues.*

The above discussion is consistent with the literature that multi-focused HIV programmes that provide additional activities motivate youth to take part in them (WHO 2006:85). This quotation provides evidence that the Boys2Men activities such as soccer, volleyball, games and meetings were a motivating factor for the youth to take part in the programme. Yellow above, explained his motivation for joining the Boys2Men programme; he had heard that they had a soccer team and he was keen to play soccer. Therefore, soccer was his motivating factor not the HIV-prevention programmes offered. Pink also noted the power soccer had in bringing the community together to watch the Boys2Men team play. He mentioned how this provided him with an opportunity to provide HIV-prevention information to the community youth.

In general most of the rural youth enjoy soccer and it has become integral to South African culture. Burman (2011:17-19) recognises sport as having a positive effect on young people as it provides exercise, healthy competition and self-esteem; sport also encourages team work. This is evident in the Boys2Men soccer team as it keeps the Boys2Men participants occupied and the games provide entertainment for the general community. Sport brings the youth together and this provides the Boys2Men peer educators with a perfect opportunity to engage in HIV-prevention

information with them. The Boys2Men management recognises soccer as an important vehicle to attract youth and to provide HIV awareness.

4.3.2.1 Boys2Men programme influence on beliefs and attitudes of the participants

The interviews explored the beliefs and attitudes of the participants regarding HIV prevention and how the Boys2Men programme had influenced their behaviour. They were also asked how the programme had contributed to their knowledge of HIV and AIDS. The Theory of Reasoned Action posits that the introduction of new information and changes in knowledge levels can be an effective strategy to influence beliefs (Fishbein & Ajzen 1975:369-373). The Boys2Men programme provided new information regarding HIV-prevention to the male youths and the interviews explored how it had influenced their behaviour intentions towards HIV-prevention.

Black explained that he used to have strong traditional patriarchal values of being a *man* which was to have multiple partner sex. Since being on the Boys2Men programme, he challenged community social norms and socially reconstructed his role as a *man* and no longer believed that having multiple partner sex was a sign of manhood.

> *I was one that believed to be a man you must sleep around you know that why I think I did those things – it's not like natural, it's a cultural thing.* [Since being on the B2M programme] *being sexually active doesn't make you a man.*

Black's response is in line with the constructionist theory tenets that the cultural environment defines sexual practices and people are influenced by their culture, surroundings and social context. Gender roles which include sexual relationships are socially created and determine how men and women behave towards one another (Joffee 1996:169-190). Black was influenced through the Boys2Men programme to oppose socially accepted norms about being a *man. He had* reconstructed his reality and norms and no longer believed it was important to have multiple partner sex to prove his manhood.

Black believed being a *man* required responsibility and accountability with regard to HIV-prevention and this entailed caring for people and by not having multiple partner sex. He wanted to show people in a non-judgemental and respectful way how they could respect one another.

> *Be* [HIV] *responsible, care about people, taking responsibility to bring change* [not having multiple partner sex]-*calls you a man – (looks up and pauses) what is about abuse- like sometimes abuse- judge them – looking at them taking them for granted, looking down at people* [living with HIV]. *We* [most people] *don't respect them* [one another] *we don't respect what they do, all we need to do is to approach those kind of things and what important to them and to show them different ways* [HIV-prevention].

Orange believed he had been sexually active by watching pornography; however, he explained that he had never actually had sex.

> *Yes I'm sexually active – I started at 16. I never had slept with a girl ever. I never* [had sex],

He went on to explain that he used to enjoy watching pornography. He was influenced by the Boys2Men programme and no longer watched it.

> *I am a guy watch pornographic; I had friends who were watching those stuff. When I was 18* [joined B2M] *I told myself no, let me just stop watching that stuff.*

4.3.2.2 HIV testing

All of the participants believed it was important to know one's HIV status. Black explained how nervous he was to be tested as he had engaged in multiple partner sex while on drugs a few years before. The Boys2Men HIV counsellor helped him to make the decision to test and he expressed how relieved he felt once he knew his HIV status. He believed he would not engage in risky behaviour again.

> *It was very difficult when I think about things I did in the past* [multiple sexual partners and drugs] *I was so scared* [to be tested for HIV] – *but luckily we had people like July* [HIV counsellor] *and that is when I went to be tested and was so relieved* [HIV negative] *and decided and went home – I never do that*

Green was influenced by the Boys2Men programme to know his HIV status. He and his girlfriend go for an HIV test together every year before they return to university.

> *I have been tested – we* [my girlfriend] *test when we go back* [every year to university] *and my girlfriend*

Orange described his experience when being tested for HIV for the first time. He was counselled first by an HIV counsellor and was provided with information about the test and understood the procedure. He was fully prepared for the test.

> *Yes I have tested I went to* [B2M] *counselling and they tell you about the things that happens – and* like [consequences of living with HIV]... *then you know when you ready.*

The Boys2Men programme addresses the NSP Strategic Objective 2 and 3 (SANAC 2011:15) which outlines the importance of creating opportunities for HIV testing to those vulnerable to HIV which includes the youth. The youth attending the Boys2Men programme are encouraged to know their HIV status and the programme has created opportunities for them to test in a safe environment (WWS 2014:1).

4.3.2.2a Medical male circumcision for HIV-prevention

Both UNAIDS (2012:20) and SANAC (2011:26) recommend medical male circumcision to reduce the likelihood that men will acquire HIV from a female partner. The participants were provided with this information and the advantages of circumcision with regard to HIV-infection. However, some were reluctant to be circumcised. Most of the participants agreed that traditional circumcision was risky with regard to HIV-infection.

Yellow believed that the traditional healer might use a non-sterile blade during the circumcision procedure and this could lead to being contaminated by blood from an HIV-infected person who was also being circumcised.

> *The possibility is that there is a HIV person there you don't know and they use the same blade on you and you can find you can get it* [HIV].

The participants were asked specifically how they felt about medical circumcision. Black mentioned that people from rural areas were more inclined to use traditional than medical circumcision.

> *In rural areas the traditional circumcision is believed in more.*

However, Yellow understood the advantages of medical circumcision such as medical assistance if something went wrong doing the procedure. He also was aware that every circumcision was preceded by an HIV test in order to establish whether one was living with HIV.

> *Medical circumcision is good because you do it in a clinic and if something goes wrong they can help you immediately. Before you do it you test. Then after they see your* [HIV] *results they circumcise.*

Black explained why he was reluctant to undergo circumcision because he had learnt about the procedure from a friend who had undergone a traditional circumcision.

> *I know a friend who did traditional circumcision he go to the mountains its cold and like you don't wear anything there. You make a big fire there and sleep there, too cold to go out – I don't believe in it at the end – to be at circumcise school and saying things and stuff.*

4.3.2.2b Medical versus traditional male circumcision

Black *was* sceptical about traditional male circumcision and did not believe in the tradition of cultural circumcision. He questioned the secrecy around it and believed that it had become more like a business.

> *Very difficult question* (laugh) – *I know a lot* [of young men] *that tell me they going there* [traditional circumcision] *to learn the rules* [about being a man], *which they cannot share with us. Don't know why? Why don't they share with us? But I think going to the mountains looking at the generations things have changed a lot* [traditions change] *they doing business with people lives.*

Light Blue understood the risk inherent in traditional circumcision. Although he had not been circumcised, he was open to having a medical circumcision and understood that it could decrease one's chance of contracting HIV.

> *Many boys go there* [traditional circumcision]. *Some guys die from it but I don't support it at all. Can decrease your chance of getting HIV – at the clinic* [medical circumcision] *they trained to do it and know how to do it. I don't know how they do it* [traditional] *as some boys die from it. I would consider having a medical circumcision.*

Evidence indicates that medical circumcision when performed on males between the ages of 15 and 49 reduces the risk of HIV transmission up to 60 per cent (UNICEF 2011:21; AVERT 2014:1). Traditional circumcision is less effective because of infection rates and when performed after sexual début (SANAC 2011:19,44). The above quotations indicate that most participants were fully informed of the benefits of male circumcision but were reluctant to be circumcised; this increases their risk of HIV transmission.

4.3.2.3 Peer pressure and HIV-prevention

Navy Blue engaged in risky behaviour before he joined the Boys2Men programme. He felt that peer pressure and alcohol had had a significant role to play in his

previous risky behaviour. UNICEF (2011:10) highlights negative peer pressure as being more advanced during adolescence and youth and age appropriate HIV and sex education is critical to help them recognise their HIV risk.

> *The thing that made me have* [risky unprotected] *sex was the influence of the drinking while we were sitting and talking they were laughing at me saying "oh you don't know how to have sex you don't have a girlfriend" I was feeling disappointed* ... then after one week we had sex me and that girl.

Red felt he had gained the necessary life tools through Boys2Men to protect himself from contracting HIV.

> *I think for me through B2M I learnt that there is more to life than sex. Uhmm I think you need, B2M has helped me a lot*

He believed he had learnt how to resist peer pressure and he intended to concentrate on his future plans. He explained that the Boys2Men HIV programme had guided him on safer sex and how to protect himself against HIV. He felt this was important as he had not had any sex education before the Boys2Men programme.

> *I have the ability to resist pressure and I had certain vision but in terms of relationship planning my path it played a part within where I needed to go so I had few problems more specifically on sexual education. We did not hear much about how we had to protect ourselves and sexual intercourse even if not about sex but based on your behaviour.*

Red also indicated that he felt this way because he had received guidance through the Boys2Men programme from a young age.

> *Through B2M* [HIV programme] *it's quite a lot of things that they teach you – I joined in 2008. Nobody controlled me peer pressure could not take me – B2M was there when I was growing up now – had B2M at a young age*

Orange explained what he had learnt by attending the Boys2Men HIV programme. Issues such as risky sexual behaviour, HIV-prevention as well as negative peer pressure and how to overcome it were discussed.

> *In B2M they say if you have unprotected sex, too many times there is peer pressure at taverns, so at B2M we learn how to make the right choice.*

He believed he was influenced by the Boys2Men programme to make responsible decisions with regard to HIV-prevention.

4.3.2.4 Boys2Men programme life skills transfer

Pink joined the Boys2Men programme as a teenager and he believed he had gained many skills through the programme. He worked as a Boys2Men peer educator and he credited his counselling and leadership abilities to the organisation. Pink displayed sensitive feelings during his interview; his hands shook and his eyes filled with tears while he recounted his story.

> *I cry sometimes after counselling I can feel their pain – that's what gets me. I have a responsibility to make sure in terms of counselling ...*

He spoke about his responsibility as a Boys2Men peer educator and church counsellor and how he had helped a young boy who was being abused by his father. He was only 22 years old at the time and had had to confront the boy's father.

> *There was a young boy whose father was abusing his mom – he came to my house. I explained to him it's not his fault and I went to his house. I was only 22 I had to tell them this is not right and guy* [young boy] *had to go to a missionary house.*

Pink had socially reconstructed his role as a young man and was clearly comfortable being a vulnerable and sensitive male; he did not hide his emotions while being interviewed and was open about how he felt about situations of abuse. He had learnt

counselling skills through the Boys2Men programme and these skills had enabled him to face difficult situations such as intervening in the young boy's family situation.

4.3.2.5 Boys2Men and influences on behaviour

Navy Blue related how his life changed when he joined the Boys2Men programme. He spoke about his alcohol abuse and aggression which was part of his life before joining the programme. He credited his changed behaviour to what he had learnt through Boys2Men.

> *The time I was at school I came to* [B2M peer educators] *and then they told me that because it's my choice – maybe I'll be dead 'cause I was drinking a lot and I then was drunk, I was fighting.*

He no longer abused alcohol and he did not engage in multiple sex partners.

> *Umm I was drinking and uhmm I was doing wrong things like girls* [unprotected sex]. *I think I know my limits and know who I am and I look forward to my life cause so I can say if it was not B2M I couldn't have been like this.*

He had learnt to respect women and believed he lived a good life since having joined the Boys2Men programme and learning about HIV-prevention.

Light Blue was 10 years old when he joined the Boys2Men programme. He believed that the Boys2Men programme had given him a good foundation with regard to HIV-prevention and so he had not engaged in risky behaviour. He explained that the Boys2Men peer educators had influenced him to resist drugs and were there to guide him and advise him as a teenager.

> *I'm not really exposed* [HIV] *I went to B2M when very young when I was in Grade 4 I think 10 or 11. So they guide me and I didn't go in the wrong direction* [risky behaviour] *and they bring me back to my path. Changed my life uhmm* (smiles)

He believed he would have been exposed to risky behaviour and HIV infection if not for the information he had been given by the Boys2Men HIV programme.

Orange believed the Boys2Men programme influenced his behaviour to protect himself against HIV. He abused alcohol and smoked marijuana before joining Boys2Men He understood the risk of alcohol and drugs and no longer abused them.

> *Yes I consider I have changed – and when you grown up 14 to 17 years old I did it also smoking grass – I drank alcohol. Let's buy some booze – and then we cough – alcohol controls and takes over when you wake up in the morning you ask yourself what did I do last night? You did something bad but nobody can judge you so you say how can I change it?*

Light Blue believed the Boys2Men HIV programme influenced the youth because the Boys2Men peer educators were good role models.

> *They live what they talking about. They don't judge people and they don't force you into anything, they are very patience and they don't push you into anything – they counsel* you [HIV counselling]. *I like* [peer educator] *a lot.*

He respected that they were non-judgemental with regard to past risky behaviour and towards people living with HIV. He liked the fact that they did not force their beliefs onto others and were patient with the youth.

UNAIDS (2010:16-18) endorses the need to find youth-friendly interventions to encourage healthy sexual behaviour and HIV prevention. According to the literature, age appropriate and multi-focused programmes encourage healthy sexual behaviour. Bremridge (2000:3-4) and Lesch (2000:2) highlight the importance of programmes that engage youth with their peers to influence positive attitudes towards HIV prevention and condom use. Fishbein and Ajzen's (1975:369-373) Theory of Reasoned Action posits that individuals will act out behaviour which they feel is expected by their social group. This is particularly relevant to the Boys2Men

programme. The participants speak of their respect for the peer educators and how they look up to them as role models. It was felt that the participants wanted to impress the Boys2Men peer educators with their behaviour and not disappoint with regard to HIV-prevention.

An example from Light Blue provides evidence of this.

> *B2M mean more to me – cause the facilitator lives what they teaching – safe life* [HIV-prevention], *love life, that's what I like about it – you cannot talk about what you not doing.*

Pink, a Boys2Men peer educator, explained his behaviour and how he treated all people with respect. He said Boys2Men was not only about being a good person; it was about being a better person and about HIV-prevention.

> *We try to do something with them* [B2M participants], *everyone in the* [B2M] *group – we have spiritual principles, we have disciple, we have respect, we like people – if you are responsible and care about people. It's not about being a good person its being a better person and abuse and HIV.*

The above interview is evidence that the Boys2Men peer educators are living examples of how they would like the youth to conduct themselves. Through their example they encourage youth to live healthy and sober lives and to resist peer pressure. This was highlighted by a participant who said:

> *Peer pressure could not take me*.

Teamwork bonds individuals and the young men spoke about their feeling of being accepted by the peer educators in a non-judgemental way. One participant said:

> They *don't force you into anything*.

The youth believed that by participating in the Boys2Men programme they had changed their behaviour,

One participant said:

> *I would be exposed* [to HIV infection] *and using drugs if not B2M, in the street.*

In order to explore the attitudes of the participants with respect to HIV-prevention they were asked where they thought they would be today if they had not joined the Boys2Men programme.

If he had not been introduced to the Boys2Men programme Orange believed he would have been drinking alcohol, smoking and pursuing girls every weekend with his friends. He was of the opinion that Boys2Men soccer activities and HIV information had enabled him to resist peer pressure.

> *I would have been drinking every weekend cause when I grew up my friends there they were drinking smoking and chase the girls – I would not been at soccer – so because I moved here* [B2M] *when I got the* [HIV] *information.*

The above narratives provide evidence of the participants' lack of knowledge and concern about HIV before joining the Boys2Men programme. Lack of HIV knowledge and information while maturing into young adults contributes to HIV vulnerability. SANAC (2011:26, 58) stresses the need to address HIV risk behaviour and influence and sustain healthy behaviour in adolescents and the youth. Adolescents and the youth have been identified as key populations for whom specific HIV interventions need to be implemented to mitigate their vulnerability to HIV.

4.3.3 Boys2Men HIV programme and other rural youth

In this section, the behaviour of other rural youth not participating in the Boys2Men programme was explored in order to discover how the Boys2Men programme could

be enhanced to influence their behaviour regarding HIV-prevention. The sexual behaviour of the community youth provided an indication of the beliefs and attitudes of rural youth generally. According to SANAC (2011:26,53), lack of HIV-prevention information and awareness generally results in risky sexual behaviour which render children and youth vulnerable to HIV.

Some participants felt that youth in the community were engaging in sex at a very young age.

> *Nowaday I think from the age of 13 to 14 years –*

One participant believed that when young teenagers heard about sex it motivated them to start experimenting sexually.

> *Young children trying to learn stuff* [sex] *and doing them*

The participant below had a similar view to that of the participant above with regard to young teenagers experimenting sexually. He believed by receiving compliments on their looks teenagers were motivated to have sex.

> *When I think um I would say um would be 11 to 15 because sometimes they get compliments like you look sexy so they get compliments and um they start asking themselves many questions and they get in activities when changes take place – and then try sexual intercourse*

Vulnerability to HIV is increased in rural areas characterised by unemployment, lack of welfare, and lack of information and basic services such as clinics. Adolescents and the youth living in rural areas have been identified as being more likely to engage in risky sexual intercourse at earlier ages than their urban counterparts (SANAC 2011:47). The literature is consistent with the above findings that poor rural youth engage in risky sexual behaviour at a young age. From the above interviews it is apparent that HIV awareness initiatives should be more visible in rural areas to

attract youth to attend the programmes. Rural youth require HIV and AIDS information to protect themselves against HIV.

There was a general feeling among the participants that the youth in the community watched pornography on television and this encouraged them to seek out sexual partners. Alcohol also contributed to and played a significant role in sexual behaviour among community youth.

> *[T]here is competition in this community but now I don't know – I can say some of the programmes on TV – some of the channels on TV – pornography, those programmes – they watch them. Boys going outside looking for the girls and girls looking for boys, going to drink together and a number of people have quite a competition to have sexual intercourse, and some of the people I know how they feel do this. They just want to see – to be someone to do this.*

One of the respondents believed people from rural communities were disadvantaged in terms of adequate HIV-awareness information compared with those from urban areas. Although rural communities were experiencing the HIV epidemic they did not know what caused it. While people in urban areas did not necessarily see people living with HIV they knew about it and its causes. According to him, technology played a role in the provision of HIV information and rural areas did not readily have access to technology.

> *What I'm trying to say is people and information in urban areas - information is faster – HIV – it was not for those kids -that we were apart* [not part] *of this thing, we were just seeing it* [HIV]. *But those kids according to the life style they living in those places – that know why – its goes like the speed of information and how technology effects kids in different areas...*

The participant below perceived that men in the local community enjoyed getting drunk at local taverns. They would buy girls drinks with the sole purpose of having sex with them.

It's a big problem a very big problem –
Umm some come like to the tavern and I think people go to the tavern with bunch of their friends and sit together and it's something, like, there are girls and cause they sometimes get a girl – go to taverns to get drunk and get [have sex] *girls.*

Some people can go to the tavern to ... and must have some cash and buy them drinks, people just go there to get drunk.

It's rare to have drink and go home – ja

Some men go there and look for the girls.

The focus group discussion explored the traditional customs and beliefs of the community with respect to understanding HIV and AIDS. This was important in order to understand how youth socially constructed their realities and how they were influenced by the Boys2Men programme. During the interviews, they shared their perceptions of community culture and traditions with regard to sexual behaviour. The discussion revolved around sexual encounters with young girls.

One participant reported that men in the community would try to attract the attention of young girls. He was of the opinion that the girls who responded to the men's advances found themselves in unwanted sexual situations.

Cause they – most of the time, other guys like hitting [making sexual advances] *on a young girls um kids- the older ones, like um- and I think they like the ones that are young – and sometimes they* [young girls] *end in situation and that they get not what they want.*

Another participant in the group agreed with the above participant. He added that girls that came from poverty would have sex in exchange for goods. Often the girl would fall pregnant indicating that she was having unprotected sex. This narrative was consistent with the literature about poverty and sex (UNICEF 2011:20).

> *I'll add on to what others say – uhh like all the people – like a guy, like me, I'd say – I would say to a lady going to have a child that buying her goods and that money – and when you look at that child* [pregnant] *where she came from – a poor background and they are taking advantage.*

The discussion then moved to how men in the community were perceived by the participants to be in competition with one another to have sex with the youngest girl.

> *And I think the thing of competition – it's in communities, it's kind of boys – they speak about the girls and then you know go with this girl and child. Not call them the child when we see them at that age- quite a lot of guys take the girl-and I saw different guys do these things with small children.*

The participants described men in the community that had sex with young girls as *hunters*; they reported that the men were hunting like a *cheetah*. From the description of the men's behaviour by the participants it is evident that they perceived the behaviour as being similar to that of an animal. Their narratives depicted their concern with this dangerous traditional belief and by using the words *survival of the fittest* brought connotations such as the child being *preyed* on by the men. Nzewi (2009:7) argues that this traditional myth is believed in many societies in Africa.

> *Why me – discrimination rule of survival of the fittest and they start all those things. They always think differently they are a cheetah they hunting – and we saying this guy want this thing.*

The group continued the discussion to include the ages of the girls. The participants reported that men were engaging in sex with girls as young as eight and ten years of age.

Sometimes there were 10 year girls or 8 year – cause they want youngest, so some of the men like girls – we do different things to compete.

4.4 Conclusion

This chapter provided the findings and narrative extracts from the individual face-to-face and follow-up group interviews. The participants' language was useful in revealing meaning and intent. It was for this reason that a qualitative study was selected to allow the participants to explain in their own words how they perceived the Boys2Men programme had influenced their beliefs, sexual attitudes and behaviour.

The participants' behaviour was influenced by their social relationships, and structural determinants also played a significant role in their sexual behaviour. The two selected theories the Theory of Reasoned Action and the Social Constructionist Theory were valuable in providing a framework for the research questions and to understand the participant's realities.

Chapter 5 provides a summary and interpretation of the findings as presented in this chapter.

CHAPTER 5: CONCLUSION

5.1 Introduction

Chapter 4 discussed the findings with reference to the purpose and objectives of the study. The Theory of Reasoned Action and the Social Constructionist Theory were applied as theoretical frameworks to enhance theoretical understanding of the topic and to validate some of the key findings.

This chapter presents a summary of the key findings based on the purpose and objectives of the study, makes recommendations to enhance the Boys2men programme and provides suggestions for further research.

5.2 Summary of key findings

A number of themes and sub-themes arose when the findings pertaining to the individual face-to-face and group interviews were analysed. The findings provided some understanding of how the Boys2Men programme had played a role in influencing the participants' beliefs, sexual attitudes and behaviour. Participants felt that the programme provided them with a safe place to discuss and explore issues that were important in their lives, and where like-minded male youth could enjoy recreational activities together.

The Theory of Reasoned Action and the Social Constructionist Theory guided construction of the respondents' realities by exploring their beliefs, attitudes and behaviour and informed data analysis (Joffee 1996:169-190). These theories were used as they are micro-theories and focused on the individuals and their everyday interactions with society within their reality. Together, the Theory of Reasoned Action and the Social Constructionist Theory provided an explanation of the participants' social interactions and social structures which influenced their social interactions (Flores 2012:1). This was meaningful to this study as each individual participant's behaviour and attitudes were explored within his traditional cultural and social norms.

This study addressed three questions based on the purpose and objectives of the study:

- What are the beliefs, attitudes and behaviour of rural male youth on HIV prevention?
- How has participation in the Boys2Men programme influenced their beliefs, sexual attitudes and behaviour patterns regarding HIV prevention?

- How can the Boys2Men programme be enhanced to possibly change the beliefs, attitudes and behaviour of male youth regarding HIV prevention?

In the next section the main findings of each question are summarised.

5.3 Exploring the beliefs attitudes and behaviour of the participants regarding HIV prevention

Most of the participants felt that the Boys2Men programme had to some extent influenced their beliefs, sexual attitudes and behaviour with regard to HIV-prevention. They expressed the notion that the programme had enhanced their knowledge of HIV and AIDS as well as assisted them in knowing how to prevent HIV. By using the life skills they had obtained from the programme, they felt they could make informed decisions to guide their sexual attitudes and behaviour intentions. Although most of the participants maintained that they had obtained some knowledge of HIV while they were at school and before joining the Boys2Men programme, the information did not influence them as they felt they had no concept of sexual behaviour and the dynamics of being an adult at that stage of their lives. Accordingly, they did not understand HIV and how it could affect and infect them.

The participants experienced the Boys2Men peer educators as caring and supportive as far as their sexual attitudes and beliefs were concerned. They indicated that this was because age-appropriate information was used. UNICEF (2011:10-13) also recommends that age-appropriate HIV prevention information be used when working with youth to reduce their vulnerability to HIV within the realities of their world.

Some of the participants felt that the Boys2Men programme challenged the traditional male roles of aggression, dominance and sexuality. And their participation in the Boys2Men programme provided them with an understanding of their role as young males in a gender equal society. Their desire to be accepted in a non-judgemental way was important to them, and the Boys2Men programme provided them with this opportunity. The participants were expressive, emotional and

comfortable when the researcher asked them to speak about their vulnerabilities and sensitivities.

Most participants expressed the importance of the notion of belonging to a family. They perceived the Boys2Men programme as their *family* and other members of the programme as their *brothers.* According to the views of the participants interviewed, this highlights the importance of HIV prevention programmes that target young rural men, and can provide a safe and flexible environment in which they can discuss their beliefs and sexual behaviour regarding HIV, and engage in meaningful dialogues that are relevant within their realities and a changing society.

The absence of a father figure, and in some instances any parent, was seen as a predictor in some participants' earlier risky behaviour such as drugs, alcohol and multiple sexual partners. The participants felt they depended on being supported by the programme and by the peer educators both emotionally and psychologically. Some of the participants were offered jobs, financial assistance, study opportunities and voluntary work at the Waterberg Welfare Society, the organisation that ran the Boys2Men programme. They enjoyed the activities offered by the programme, and sport and away-camps provided entertainment and leisure and kept them focused on attending the programme. The weekly Boys2Men HIV discussion groups and spiritual guidance provided ongoing encouragement to all the participants to strive towards being principled and accountable young men.

5.4 Boys2Men activities that were offered to influence beliefs, sexual attitudes and behaviour patterns

The participants expressed the need for male youth to receive information and support regarding HIV prevention, sexual health and decision-making information at an earlier age. They felt that sex education received as a life skills programme while at school did not impact on them and their daily dealings with HIV and sexuality as out-of-school youth.

The findings showed that the Boys2Men programme offered a variety of activities (see point 4.3.2 and pages 47, 74), and the innovative approach of the programme

kept the interest of the young men. UNAIDS (2012:32-35), Hallman *et al* (2007:2-3) and Lekganyane (2008:66) significantly examine women and youth through multi-focused HIV prevention programmes. Their studies illustrate the success factor when combining HIV interventions with other activities to reduce vulnerability to HIV infection and for maximum impact. From the researcher's experiences, the Boys2Men programme is seen as a multi-focused programme and its ongoing activities provide a weekly structure for the participants. Furthermore, by incorporating diverse activities into the programme, there is an activity of interest for everyone and this encourages the participants to attend the HIV programme. Participants listed activities such as soccer, life skills and discussion forums which they participated in and which enabled a nurturing environment and provided the vehicle through which the Boys2Men programme was able to influence their behavioural change towards HIV prevention. Information provided through the programme influenced the participants' intentions to practise safer sex and in some cases to abstain from sex until marriage. They all felt that they had an understanding of their vulnerability to HIV and how to protect themselves.

An interesting finding was the role of spirituality in the participants' lives. They were perceived to have strong Christian values. Although they professed that religion was not an important area of the Boys2Men programme, several of the rural male youth identified positively with gospel singing, Bible reading and prayers.

5.5 Boys2Men HIV programme and other rural youth

Although most of the participants felt they had received a great deal of information on behaviour regarding HIV prevention, they also felt that the Boys2Men programme could possibly be enhanced to provide further information on medical circumcision and the risk of HIV infection through contaminated blood.

See Light Blue's comment:

> *Umm you can get infected in many ways you never know. What I know, I don't think I will ever get it from sexual intercourse because of all the information I have. Maybe if someone is bleeding that is the only way.*

And Black's remark with regard to circumcision

> *The possibility is that there is a HIV person there* [cultural circumcision] *you don't know and they use the same blade on you and you can find you can get it.*

During the focus group interview, a healthy debate on risky behaviour led to a discussion of drinking in taverns and community cultural beliefs. Cultural and traditional circumcision and the belief that having sex with a virgin cures HIV were discussed. The participants expressed their concerns regarding cultural beliefs and traditions such as these which illustrated their knowledge with regard to risky cultural and traditional beliefs.

Most of the participants indicated that peer pressure was pronounced in the adolescent and youth developmental stage, and adolescents and the youth could start experimenting with sex, drugs and alcohol adding to their risk of contracting HIV. The Boys2Men programme provided a protective barrier for them by enabling them to form close relationships with their Boys2Men peers with whom they could share ideas and information about life. Some participants said that HIV transmission could affect their lives, and that sex information needed to be accurate and meaningful to them in order to influence them. The Boys2Men programme, according to the participants, influenced the youth through peer educators and provided new information at a vulnerable time of their lives and positively influenced their beliefs, sexual attitudes and behaviour. The participants had a good understanding of gender equality and their role as men within an equal society. They felt the Boys2Men programme fulfilled a need in their lives and provided advice in an environment in which they felt recognised. They believed that the information they received regarding HIV prevention was relevant to their specific age.

This was illustrated by Red:

> *Through B2M* [HIV programme] *it's quite a lot of things that they teach you – I joined in 2008. Nobody controlled me peer pressure could not take me – B2M was there when I was growing up now – had B2M at a young age*

In general the literature suggests that successful interventions for the youth concerning HIV and sexual practices involve multi-focused approaches (UNAIDS 2012:11; Harrison *et a*l 2010:10:102b). Interventions should be age appropriate and recognise the complexity of young people's lives and their realities (WHO 2009b:23). The participants felt that the Boys2Men peer educators were strong role models and by providing multi-focused strategies to prevent HIV they were encouraged to practise responsible behaviour regarding HIV prevention.

This was expressed by Light Blue:

> *They live what they talking about. They don't judge people and they don't force you into anything, they are very patience and they don't push you into anything – they counsel* you [HIV counselling]. *I like* [peer educator] *a lot.*

The researcher experienced the B2M programme as a home-grown community boys' club that provided the participants with HIV information and instilled a good value system in them. They were given information which challenged traditional social norms and encouraged social diversity and respect for the rights of others. Strong leadership skills were instilled in the youth through their participation in the Boys2Men programme and the activities offered to them.

5.6 Recommendations

The researcher would like to provide recommendations in two areas, to enhance the Boys2Men programme and for further research:

5.6.1 Recommendations to enhance the Boys2Men programme

a) Peer educators trained through initiatives such as the Boys2Men programme could take the lead and run HIV prevention programmes in schools providing age-appropriate education. In this way children and adolescents would receive the necessary sex information that directly affects them in their young lives.

b) Efforts to further motivate male youth to undergo medical circumcision should be made in male-friendly campaigns. These campaigns could provide information to both young men and women on the procedure and the healing process to relay the importance and health benefits with regard to HIV. Boys2Men peer educators could facilitate the introduction of male youth to medical clinics by way of an open day to encourage youth to undergo the procedure.

c) Concerted efforts to stop risky traditional beliefs to cure HIV should be undertaken in the community. Outreach programmes addressing these norms should be increased. Campaigns should be highly visible and include posters, brochures and social media and provide information to the public on how to report these behaviours and where a person could go for help.

d) The Boys2Men programme could be modelled as an indigenous home-grown South African movement for boys and youth. The programme provides rural youth with the necessary HIV information and life skills to reach their full potential and inspires them to become accountable, responsible and active male citizens, and this is critical for South Africa's growth.

5.6.2 Recommendations for further research

It is recommended that further studies be conducted in the following areas:

a) Research into the link between traditional social norms and HIV prevention among older men and women in relation to "virgin sex cures HIV" in order to understand and to influence change of these traditional cultural norms

b) To further evaluate the Boys2Men programme and conduct an impact assessment of the programme and how it has impacted on the participants' lives

5.7 Conclusion

This study explored how the participants experienced the Boys2Men programme, and how their participation in the programme influenced their beliefs, sexual attitudes and behaviour patterns regarding HIV prevention. The research findings highlighted the challenges of being a rural male youth.

The Boys2Men programme as described in Chapter 2, is a multi-focused HIV programme which meets the needs of male youth on several levels. HIV education and recreational activities address their realities within the context of their lives. Peer educators act as role models using leisure and fun activities as well as spiritual guidance in a safe and non-judgemental way to influence their behaviour.

Boys2Men has influenced the participants to be well-prepared emerging adults with strong values and knowledge of HIV prevention. If this research were to be reworked, the researcher would use the same research methodology as used in this study as it provided the participants of the Boys2Men programme with a voice. The only possible change would be to explore further into areas of HIV prevention. It was a privilege to engage with these positive rural male youth. The researcher felt they wanted someone to listen to them.

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UNISA university of south africa

2012/9/19

To whom it may concern

Letter of access for research

This is to confirm that YA Klagsbrun (Student number 36720321) is an enrolled student with the University of South Africa (UNISA). As part of the requirements for the Master's degree, she has to undertake research activities to complete a dissertation of limited scope.

The letter requests that Waterberg Welfare Society allow Ms Klagsbrun access to conduct research in your organisation and obtain access to information for the purposes of this research. Please note that Ms Klagsbrun will not start the research until your organisation has furnished her with a letter granting her such access.

While undertaking the research, Ms Klagsbrun will remain accountable to her supervisor, Dr C Motha. In this regard, she is bound to policies of ethical research conduct as set by the University of South Africa. Ms Klagsbrun's topic is "The impact of HIV/AIDS community based intervention on the behaviour (and attitudes) of vulnerable youth towards sexual practices: a case study". She will observe propriety in dealing with staff, visitors, equipment and premises and act appropriately, responsible and professionally at all times. She will ensure that all information regarding your organisation or furnished by your organisation remains secure and strictly confidential at all times.

Yours truly,

Leon Roets
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27 February 2013

Yvonne Klagsbrun
266 Lingbeek Street
Lukasrand
Pretoria 0181

Dear Yvonne

Thank you for your request to carry out research towards your Masters on the following topic. ***"The impact of HIV/AIDS community based intervention on the behaviour (attitudes of vulnerable youth towards sexual practices: a case study."***

You are very welcome to conduct research at Waterberg Welfare Society and in particular our Boys 2 Men Programme.

We would appreciate receiving a copy of your case study when complete.

Wishing you all the best.

Kind regards

Mary Stephenson
Chief Executive Officer
Waterberg Welfare Society

UNISA university of south africa

Department of Sociology
College of Human Sciences
12 August 2013

Proposed Title: Exploring beliefs, sexual attitudes and behaviour: The unheard voices of vulnerable rural male youth in Vaalwater, Waterberg District

Principle investigator: Ms YA Klagsbrun (Student number 36720321)

Reviewed and processed as: Class approval (see paragraph 10.7 of the Unisa Guidelines for Ethics Review).

Approval status recommended by reviewers: Approved

The Higher Degrees Committee of the Department of Sociology in the College of Human Sciences at the University of South Africa has reviewed the proposal and considers the methodological, technical and ethical aspects of the proposal to be appropriate to the tasks proposed. Approval is hereby granted for the candidate to proceed with the study in strict accordance with the approved proposal and the ethics policy of the University of South Africa.

In addition, the candidate should heed the following guidelines,

- To complete and sign a Supervisor-Student Agreement form, which is a code of conduct guiding the research process,
- To start the research study only after obtaining the necessary Informed Consent,
- To carry out your research according to good research practices and in an ethical manner,
- To maintain the confidentiality of all data collected from or about research participants, and maintain safe procedures for the protection of privacy and when storing such data,
- To work in close collaboration with the assigned Supervisor and to ensure the way in which the ethical guidelines as suggested in the reviewed proposal has been implemented in your research,
- To notify the Committee immediately in writing if any change/s is proposed to the study and await approval before proceeding with the proposed change,
- To immediately notify the Committee in writing if any adverse event occurs.

Regards,

Dr. Chris Thomas
Chair: Department of Sociology
Tel: 0027 (0)12 429 6301

Supported
21/08/2013

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Open Rubric

Appendix D

Interview Guide

Broad aim and purpose of the study is to:

Determine the beliefs, sexual attitudes and behaviour patterns of vulnerable rural youth

and

Establish how their participation in the Boys2Men HIV awareness programme has influenced their beliefs, sexual attitudes and behaviour patterns

The questions below are to guide the interview and the researcher will probe when necessary for additional information.

Field research:

The researcher opens the interview in such a way as to make the participant feel relaxed and at ease.

Researcher: *We have discussed the reason for this research and I thank you for participating in this study. If there is anything more you'd like to know about the study please ask me whatever you wish to know."*

I'm going to tell you a little about myself and then I'd like to hear a little about you

I'm ....."

Respondent: ...

Research questions

What are the beliefs, sexual attitudes and behaviour patterns of vulnerable rural youth?

Questions for participants in relation to the above research question

1. Have you attended any HIV programmes?

2. Do you remember the names of the programmes? Which programmes? What did you learn from them? (Why not and if yes, what?)

3. What do you understand with regard to risky behaviour and HIV?

4. What are your beliefs with regard to sex?

5. In relation to sexual partners/girlfriends do you believe you can have a (platonic) relationship without its being sexual?

6. If yes, how and why? If no, why?

7. Has anything in your life led you to believe this way?

8. What do think of boys or young men that abstain from sex or do you think it's important for men to engage in sex?

Research question

How did participation in the Boys2Men HIV Programme influence their beliefs, sexual attitudes and behaviour patterns?

Questions for participants in relation to the above research question

1. You mentioned that you have participated in the Boys2Men programme? Was the programme helpful to you, and in what way?

2. What did you like about the Boys2Men programme?

3. Tell me a little about the activities of the Boys2Men programme and how you took part in them.

Research question

What kind of HIV and AIDS intervention programmes contribute to sexual behaviour change among rural youth?

Questions for participants in relation to the above research question

1. Please tell me a little about the HIV programmes that you have been part of/ involved with and felt 'spoke' to you and understood you as a young man.

2. Why were these programmes 'good'?

3. Why were these programmes not good?

4. Would you recommend the Boys2Men programme to your friends?

5. Why/why not?

Thank you; your input has been most valuable and it will be good to see you later in the group discussion.

Appendix E

Consent Form for Youth Participants

STUDY TITLE:
Exploring sexual attitudes and behaviour: The unheard voices of vulnerable rural male youth in Vaalwater, Waterberg District

Dear Participant

My name is Yvonne Eskell Klagsbrun. I am studying for a Master's degree in Social Behaviour Studies in HIV/AIDS as a student of the University South Africa (UNISA). As part of my studies, I am required to conduct a research project titled ***Exploring sexual attitudes and behaviour***: ***The unheard voices of vulnerable rural male youth in Vaalwater, Waterberg District.***

The purpose of this study is to explore how vulnerable rural male youth from Vaalwater in the Waterberg experience a tailor-made HIV programme, known as Boys2Men The aim is to understand how the programme has influenced the sexual attitudes and behaviour of youth living in the Waterberg district. This study will contribute to a better understanding of what contributes to the success of an HIV awareness rural youth programme.

I request that you participate in this study. The format of the research is an interview with you and also a group discussion with you and other Boys2Men participants. The interview will take no longer than 45 minutes. In order to avoid misrepresenting the information given to me I would like to tape record and take notes of the interview. You do have the option of refusing your interview being tape recorded. The tape recordings and transcripts will be stored securely at my office in a locked filing cabinet and at UNISA.

Confidentiality is ensured and transcripts and tape recordings will be destroyed on completion of the study. Pseudonyms will be used in the report to protect your privacy and confidentiality. If you feel you need support or counselling following the

interview, the Waterberg Welfare Society youth counsellor will be available to meet with you. You are welcome to contact me should you have any concerns about the research.

Should you decide at any time during the interview or discussion that you no longer wish to participate, you may withdraw your consent without prejudice or negative implications.

There are no direct costs involved in participating in this study and there are also no direct benefits to you. However, your participation will contribute to a greater awareness of Boys2Men and its successes and challenges as you and your community view them. It also provides as an opportunity to bring those challenges to the attention of the Waterberg Welfare Society. Your participation will also help to bring greater attention to the issues facing vulnerable rural youth in South Africa. If you choose to participate please sign the attached consent form and keep this letter for your records.

If you have any questions about the study please contact me on 083 638 3765 or klags@mwebbiz.co.za or Ms Cenge at UNISA on 012 429 6587 or cengebd@unisa.ac.za

SIGNATURE DATE

I confirm that the purpose of the research, the study procedures, the possible risks and discomforts as well as benefits have been explained to me. I agree to participate in the study.

Consent to Participate in the Research Project

I have read the attached informed consent letter and agree to take part in the research titled:

Exploring sexual attitudes and behaviour: The unheard voices of vulnerable rural male youth in Vaalwater, Waterberg District.

Participant signature and name Date

I agree to be audio-taped YES	NO
Participant's signature	Date
The participant would like his/her name to be used YES	NO